

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV -5 PM 5:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000022609**

1. Corporation Name

**MICANOPY T-SHIRT & TEXTILE, INC.**

Principal Place of Business

5919 S.E. 68TH ST. #111  
OCALA FL 34471

Mailing Address

5919 S.E. 68TH ST. #111  
OCALA FL 34471



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3324019

Applied For

Not Applicable

City & State

City & State

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	WALLACE, RICK	5919 S.E. 68TH ST.	OCALA FL 34471

900002343819--6  
-11/10/97--01189--006  
\*\*\*\*175.00 \*\*\*\*175.00

52  
11-6-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALLACE, RICK  
400 S.E. 49TH AVE.  
OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/31/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for Information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/97 354 7454150

CR20040 (8/97)

(2)

Fla. Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee Fla.  
32314-6327

Sir:

Per our telephone conversation I  
am writing to inform you of the  
incorrect mailing address on my Corp.  
Filing papers. The office complex has  
7 different buildings at ~~5419~~ 5919 SE 68th  
St. We are Suite 111.

Please correct your files so we may  
not have this problem ever again.

Thank you.

Lib Walker

Michigan T-Shirts + Freestyle  
5919 SE 68 St #111  
Ocala Fla.  
34472

752-245-4150