

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

98 DEC 22 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000031058

1. Corporation Name

A-PLUS UNIFORMS, INC.

Principal Place of Business

Mailing Address

4626 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

4626 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021



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

04/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0569062

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KUGELMAN, DEBBIE S	2780 NE 183RD ST	AVENTURA FL 33160

4000002725344--B  
-12/29/98--01077--017  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KUGELMAN, DEBBIE S  
4626 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

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

*Debbie S. Kugelman*

**TIME REQUIRED**

REGISTERED AGENT MUST SIGN

Date Dec 18, 1998

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 filling 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:

*Debbie S. Kugelman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DEBBIE SUE KUGELMAN

Dec 18, 1998 954 461 8499  
Date Daytime Phone #

CR2E040 (9/98)

**A-PLUS UNIFORMS, INC.**

4626 HOLLYWOOD BLVD.

HOLLYWOOD, FL 33021

TEL#: 954-961-8499

FAX#: 954-961-8088

E-mail: [aplusuniforms@iname.com](mailto:aplusuniforms@iname.com)

Dec. 18, 1998

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

RE: Reinstatement of Corporation

To Whom It May Concern:

After receiving Doc. # P950000311358, I was shocked. I spoke with someone in your office and I was advised to write to you, as this was the first form I received from your office.

I have always taken care of these matters in a timely fashion, when they are presented to me. With not having received any papers or forms I was not clued in.

I am enclosing Check # 2024 for the amount of \$150.00.

Please accept this as payment.

Thank you in advance for your assistance,



Debbie Sue Kugelman  
President