

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR -4 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-96000005128

1. Corporation Name

RSCLOTHING Co. INC
27001, HWY 19 NO, # 1045
CLEARWATER FL 33761

2. Principal Office Address

27001, HWY 19 NO,

Suite, Apt. #, etc.

1045

City & State

CLEARWATER, FL

Zip

33761

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

59-190713

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

04/24/02 90015 038 15000

7. Name and Address of Current Registered Agent

Name

NALINI NARAYAN

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

27001, HWY 19 NO, # 1045

Suite, Apt. #, Etc.

400003993114-8

-04/11/01-01107-024

****150.00 ****150.00

City

CLEARWATER

State

FL

Zip Code

33761

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/23/01

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

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

NALINI NARAYAN

27001, HWY 19 NO,
1045

CLEARWATER
FL 33761

10. 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

NALINI NARAYAN

Date

3/23/01

Daytime Phone #

(727)
726-6205

CR2E081 (9/00)

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Document # P-96000005128

HARRY KAY
27001 HIGHWAY 19 NORTH
#1045
CLEARWATER, FL 33761

Request taken by: lsellers
03-19-2001

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Please note that as mentioned in our phone conversation, I had previously not received any letter indicating that the corp was being dissolved. Kindly reinstate our corporation.
Thank You,