

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Bureau of Corporate Regulation
DIVISION OF CORPORATION

FILED

99 OCT 21 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000043253

1. Corporation Name

CRIME SCENE DO NOT CROSS FASHIONS, INC.

Principal Place of Business

Mailing Address

~~XXXXXX ST. NORTH~~
~~ST. PETERSBURG FL 33709~~

~~XXXXXX ST. NORTH~~
~~ST. PETERSBURG FL 33709~~

3774 59 St. North

3774 59 St. No.

St. Petersburg, Fl 33710 St. Pete, Fl 33710

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

2. New Principal Office Address, If Applicable

3774 59 St. No.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete, Fl 33710

City & State

Zip

33710

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1996

5. FEI Number

50-3384110

Applied For

Not Applicable

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RONALD MCLAUGHLIN	XXXXXX ST. NORTH 3774 59 St. North	ST PETERBURG FL

000003032150--9

-11/02/99--01044--019

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RONALD MCLAUGHLIN

~~XXXXXX ST. NORTH~~ 3774 59 St. North

~~ST. PETERSBURG FL 33709~~

ST PETERBURG FL ~~33709~~ 33710

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

Ronald R. McLaughlin

REGISTERED AGENT MUST SIGN

Date

10/19/99

11. 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:

Ronald R. McLaughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99

Date

KE

Daytime Phone #

CR2040 (8/99)



Fashions, Inc.

October 19, 1999

Divisions of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Subject: Crime Scene Do Not Cross Fashions, Inc.
Document Number P96000043253

Dear Department of Corporations,

Please do not dissolve my corporation. We have just gotten our web site up and running.

I moved my office in November 1998. I never received ANY of the notices you have sent. My previous landlord called today to tell me of the notice that just arrived. I immediately went over and picked it up. This letter is in response to your "Notice of Administrative Dissolution or Revocation" received today. I spoke to your office and told them of my problem and I was told to explain it in a letter along with a check for \$150.00 and everything will be taken care of. I promise the report will be filed on time next year.

Yours truly,

A handwritten signature in cursive script, appearing to read "Ron McLaughlin".

Ron McLaughlin, President
Crime Scene, Do Not Cross, Fashions, Inc.

3774 59 St. North

St. Petersburg, FL 33710

727-384-3306

Phone:

Fax: