

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 30 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000055981**

1. Corporation Name

SILK STOCKINGS OF TAMPA, INC.

Principal Place of Business

Mailing Address

5634 E. HILLSBOROUGH AVE
TAMPA FL 33610
US

5634 E. HILLSBOROUGH AVE
TAMPA FL 33610
US

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

07/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3386775

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	4 City / State / Zip
PSTD	OTTOMAN, FRED WAYNE	5634 EAST HILLSBOROUGH AVE	TAMPA FL 33610
D	PASTORE, MICHAEL G	1717 E. MULBERRY DR	TAMPA FL 33604 Please

REINSTATEMENT 00-018
7000004242377-5
-05/17/01--01076--017
****900.00 ****900.00

8. Name and Address of Current Registered Agent

OTTOMAN, FRED W
2915 WEST OSBORNE
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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

Fred Ottoman president
REGISTERED AGENT MUST SIGN

Date

4/25/2001

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:

Fred Ottoman president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001
Date

Daytime Phone #

(813) 621-6649
(813) 368-5840

CR2E040 (8/00)