

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

09-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB -2 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000046359

1. Corporation Name
Closet Classics of Emerald Coast, INC.

REINSTATEMENT 09-2000

SP

2. Principal Office Address 132 Market Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Santa Rosa Beach		City & State	
Zip 32459	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 5/27/97	
5. FEI Number 65-0756226	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Garrett T. Huber	600003130296-5
Street Address (P.O. Box Number is Not Acceptable) 157 B Kenai Cir	-02/09/00--01107--017 ****900.00 ****900.00
Suite, Apt. #, Etc.	
City Santa Rosa Beach	State FL
	Zip Code 32459

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 Date 1/28/2000
REGISTERED AGENT MUST SIGN

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
Pres	Lloyd W. Huber	323 Fairway Dr.	New Orleans, La 70124
VP	Garrett T. Huber	157 B Kenai Cir	Santa Rosa Beach, FL 32459
Sec	Caryl P. Huber	323 Fairway Dr.	New Orleans, La 70124
T	Grant A. Huber	93 Magnolia Creek Rd	Santa Rosa Beach, FL 32459

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: Garrett T. Huber 1/28/2000 850-622-1302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)