

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.

2. Principal Office Address

132 Market Street

Suite, Apt. #, etc.

City & State

Santa Rosa Beach

Zip

32459

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

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 ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

09-2000

SP

7. Name and Address of Current Registered Agent

Name

Garett T. Huber

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

157 B Kenai Cir

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

600003130295-5

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****900.00 ****900.00

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**

REGISTERED AGENT MUST SIGN

Date 1/28/2000

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	Garett 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garett T. Huber

Date

1/28/2000

Daytime Phone #

850-622-1302

CR2E081 (9/99)