

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069760

1. Corporation Name

THE PETITE CLOSET, INC.

Principal Place of Business

230 SW 10TH ST.
OCALA FL 34474

Mailing Address

230 SW 10TH ST.
OCALA FL 34474

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1997

5. FEI Number

59-3469660

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HOWELL, ETHEL	2100 SE 38TH ST.	OCALA FL 34480
DV	HOWELL, FRANK <i>Deceased</i>	2100 SE 38TH ST.	OCALA FL 34480
DST	WINDHAM, PRISCILLA	4230 SE 61ST ST.	OCALA FL 34480

8. Name and Address of Current Registered Agent

HOWELL, ETHEL-V
230 SW 10TH ST.
OCALA FL 34474

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-20-03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-03

The Petite Closet, Inc.
505 SE 1st Ave
Ocala, FL 34471

9-30-03

To Whom it May Concern,

Enclosed is a check for \$150.00

For the 2003 UBR.

I have also enclosed an explanation
for my delay in filing.

Please consider my requests.

Thank you

Perisella Windham

The Petite Closet

505 SE 1st Ave

Ocala, Florida 34471

352 867-7717

New
Address

Old Address: The Petite Closet
230 SW 10th Street
Ocala, Florida 34474
352 867-7717

priscilla windham

From: priscilla windham <petite@fdt.net>
To: corphelp@mail.dos.state.fl.us
Subject: up the creek and dont know what to do
Date: Sunday, August 31, 2003 5:20 PM

to whom it may concern,
i own a small business with my mother, and we are a corporation. the members of the corporation are ethel howell, frank r. howell, and priscilla windham.
the business name is the petite closet, inc. our document # is p97000069760. our fei# is 59-3469660.
my father passed away after a lengthy illness on december 22nd 2002. for the few months leading to his death, my mother stayed home to care for him, and i TRYED to keep up with sales, customers, and the general running of the store by myself. this was a very intense time both personally, and professionally. three weeks after my fathers death, my uncle(his brother) passed away. all of this happened during the christmas season, which in retail, can make or break the year. needless to say our business broke. we moved locations at the end of february, beginning of march 2003, to reduce costs. i did not notify you...the state... that i moved, and the ubr forms dissappeared into the great void that the last six to eight months have created.
so.....to make my saga complete, i failed to file any corporate papers and fees, and a member of the original corporation is dead. we do have someone in line to take over my fathers place in the corporation, but we are not sure how that is done. we are also operating on a razor thin margin, and the fees imposed for late filing will be a huge hardship. can someone help me?


i know that we are in a terrible mess, but we keep hoping that things will turn around again, and business will be better. as of now, we plug away and do what we do and hope.

do i need a lawyer? do i close my doors? what are my options.?

please be gentle with us,
and thank you in advance,
priscilla windham
the petite closet, inc.
505 s.e. 1st avenue
ocala, florida 34471
(352)867-7717
fax (352)867-5520

Send
50
Late Fee?

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		4. FEI Number Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		<small>Date</small> _____ <small>Daytime Phone #</small> _____	

CR2E034B (12/02)

21 10/29