

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **P98000040813**  
Corporation Name **F&L USED CLOTHING, INC.**

FILED

00 FEB 21 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
**P.O. BOX 557412**  
**MIAMI, FL 33255**  
Mailing Address  
**28240 SW 161 AVE**  
**MIAMI, FL 33033**

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

New Principal Office Address, If Applicable  
**24 SW 6 AVE**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

City & State  
**HOMESTEAD, FL.**

City &amp; State

Zip  
**33030**  
Country  
**MIAMI-DADE**

Zip

Country

REINSTATEMENT

99-0

4. Date Incorporated or Qualified  
To Do Business in Florida  
**MAY 6, 1998**

5. FEI Number

**65-0832422**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	LORAN WAYNE HALL	28240 SW 161 AVE MIAMI FL 33033	
0/	EDLINA HALL	28240 SW 161 AVE MIAMI, FL 33033	

100003156321--5  
-03/03/00--01039--024  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

LORAN W. HALL  
28240 SW 161 AVE  
MIAMI, FL 33033

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

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

REGISTERED AGENT MUST SIGN

Date

Feb 18, 2000

ii. This corporation owes the current year  
Intangible Personal Property Tax due June 30.Yes ☐ No ☒(See other side for information  
on intangible tax.)

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

Date

Daytime Phone #

KE

LORAN WAYNE HALL 2/18/2000

305-246-3992