

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P98000082870**

1. Corporation Name

**JIM'S FASHIONS, INC.**

Principal Place of Business

**1303 E OAK ST #4**  
**1307 E. OAK ST. NO.4**  
**ARCADIA FL 34266**

Mailing Address

**1303 E OAK ST #4**  
**1307 E. OAK ST. NO.4**  
**ARCADIA FL 34266**

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

2. New Principal Office Address, If Applicable

**1303 East Oak St.**

Suite, Apt. #, etc.

**#4**

City & State

**Arcadia, FL**

Zip

**34266**

Country

**USA**

3. New Mailing Office Address, If Applicable

**1303 East Oak St.**

Suite, Apt. #, etc.

**#4**

City & State

**Arcadia, FL**

Zip

**34266**

Country

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**09/23/1998**

5. FEI Number

**59-3535109**

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
D	ELABED, PATRICIA	1307 E. OAK ST.	ARCADIA FL 34266
PVST	ELABED, PATRICIA	1307 E. OAK ST.	ARCADIA FL 34266
D	ELABED, PATRICIA	1303 East Oak St.	Arcadia, FL. 34266
PVST	ELABED, PATRICIA	1303 East Oak St.	Arcadia, FL. 34266
			<b>000003851370--1</b> <b>-03/13/01--01112--009</b> <b>****300.00 ****300.00</b>

8. Name and Address of Current Registered Agent

**ELABED, PATRICIA**

**1307 E. OAK ST. NO.4**

**ARCADIA FL 34266**

9. Name and Address of New Registered Agent

Name

**Same**

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

**1303 East Oak St. #4**

Suite, Apt. #, Etc.

**Same**

City

**Same**

State

**FL**

Zip Code

**34266**

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

**SIGNATURE REQUIRED**  
**REGISTERED AGENT MUST SIGN**

Date **10-19-2000**

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 REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

**1-16-2001**

Daytime Phone #

CR2040 (8/00)