

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -9 AM 9:40

DOCUMENT # **099000009639**

1. Corporation Name

COTTON TEES & EMBROIDERY, INC.

2. Principal Office Address

3301 W. OAK ST.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34741

Country

OSCEOLA

3. Mailing Office Address

3301 W. OAK ST.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34741

Country

OSCEOLA

400004014194--3

-04/17/01--01109--002

****900.00 ****900.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1/17/99

5. FEI Number

593496539

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

A.K.M. S. HUSSAIN

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

4378 CREEKSIDE BLVD

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34746

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

A.K.M. Shakhawat Hussain
REGISTERED AGENT MUST SIGN

Date

3/31/2001

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

A.K.M. S. HUSSAIN

4378 CREEKSIDE BLVD

KISSIMMEE, FL 34746

AD

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:

A.K.M. Shakhawat Hussain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/2001 (407)8108420

Daytime Phone #

CR2E081 (9/00)