

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000084928

1. Corporation Name

ON THE RAIL CLOTHING COMPANY, INC.

Principal Place of Business

Mailing Address

14100 US HIGHWAY 19 NORTH SUITE 124  
CLEARWATER FL 33764

14100 US HIGHWAY 19 NORTH SUITE 124  
CLEARWATER FL 33764

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1999

5. FEI Number

59-3602529

Applicable

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	TERRELL, JANE	14100 US HIGHWAY 19 NORTH SUITE	CLEARWATER FL 33764
D	FLOWERS, LAURA	14100 US HIGHWAY 19 NORTH SUITE	CLEARWATER FL 33764
D	CHALACHE, LYNN	14100 US HIGHWAY 19 NORTH SUITE	CLEARWATER FL 33764
			500003433795--1
			-10/20/00--01070--003
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

HANEY, R. REID  
101 E KENNEDY BLVD., SUITE 4100  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

Jane B. Terrell

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

14100 US Hwy 19N Ste 124

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33764

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

*Jane B. Terrell*  
REGISTERED AGENT MUST SIGN

Date 10/11/00

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:

*Jane B. Terrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane B. Terrell

10/11/00 727-533-8099  
Date Daytime Phone #

FILED  
00 OCT 16 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2000

SP

CR2E040 (8/00)