## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P99000090259 DOCUMENT #

1. Corporation Name

## R & S KOLKO TEXTILE COMPANY

Principal Place of Business

Mailing Address

19425 39 AVE

19425 39 AVE



FILED

03 OCT 23 PH 4: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

600024054906	X

NORTH MI	AMI FL 33160		NORTH MIAMI PL 33160						
If above a	addresses are inc	correct in any way, line thr	rough incorrect in	iformation ar	nd enter correction below.	60 10/23	10024054 703=-0107503	1906 2 ****151.00 03	
				iling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     10/13/1999			
Suite, Apt. #, etc.			Suite, Apt#, etc.:		5. FEI Numbe	,	Applied For-		
City & State			City & State			65-0954091	Not Applicable		
Zip		Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addre	esses of Each Officer and	or Director (Flor	ida nonprofi	it corporations must list at lea	ast 3 directors)		***	
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		Cit	y / State / Zip	
D	D KOLKO, ROSALIE		19425-39 AVE			MIAMI FL 33160			
D KOLKO, SIEGBERT			19425-39 AVE			MIAMI FL 33160			
							}		
					RE	REINSTATEMENT			
<u>-</u>					<del></del>				
<u>-</u>	8. Name a	and Address of Current	Registered Age	nt		9. Name and Address of New Registered Agent			
· · · · · · · · ·					Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET						t Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525					Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
					City	<del></del>		State Zip Code	
10. I, being	appointed the re	egistered agent of the abo	ive named corpo	ration, am fa	amiliar with and accept the ol	bligations of Secti	ion 607.0505, F.S. or 617	.0505, F.S.	
Signature o	of Agent	370717					Date		
Transfer and Trans			EGISTERED AGE	ENT MUST :	SIGN	<del></del>	Date		
11. I certify	that I am an offic	cer or director or the recei	ver or trustee em	powered to	execute this application as p	provided for in cha	apter 607 or 617, F.S. I tu	rther 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:

October 15,2003

R & S KOLKO TEXTILE COMPANY 19425 39<sup>th</sup> Avenue North Miami, Florida-33160 2273

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

We are sorry to have not filed our 2003 annual report/uniform business report. We never received the notification for the 2003 filing. We called your office (850) 245-6059 and we were told to write this letter and enclose our check for \$150.00.

Sincerely,

Siegbert Kolko

Document Number P 99000090259