

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # *S30924*

1. Corporation Name

The Silk Garden Outlet, Inc.

97 DEC 12 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

Principal Place of Business

~~2829 S DIXIE HWY~~
~~DELRAY BEACH, FL 33483~~

2829 S DIXIE HWY
DELRAY BEACH, FL 33483

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

2. New Mailing Address, If Applicable
3065 S FEDERAL HWY

3. New Principal Office Address, If Applicable
3065 S FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33483

Country
USA

Zip
33483

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/91

5. FEI Number
65-0255536

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)

1 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
PST	TANNOUS, PETER HOUSSAM	3065 S FEDERAL HWY	DELRAY BEACH, FL 33483
D	TANNOUS, PETER HOUSSAM	3065 S FEDERAL HWY	DELRAY BEACH, FL 33483

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-12/16/97--01108--006
****758.75 ****758.75

REINSTATEMENT

97

G. Alan
12/12/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TANNOUS, PETER HOUSSAM
3065 S FEDERAL HWY
DELRAY BEACH, FL 33483

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date 12-11-97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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:

Peter Houssam Tannous
PETER HOUSSAM TANNOUS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-11-97 Daytime Phone # 561-2777

CR2E040 (6-94)