

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 591727

1. Corporation Name

CLOTHES BUSTERS, INC.

Principal Place of Business

Mailing Address

4704 HOLLY DRIVE  
TAMARAC, FL 33319

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

TAMARAC FL

Zip

Country

33319

Country

REINSTATEMENT 92-99

4. Date Incorporated or Qualified  
To Do Business in Florida

11/1/91

5. FEI Number

65-0302442

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	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
MD	RUTH COHEN	4704 HOLLY DR	TAMARAC FL 33319

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUTH COHEN  
4704 HOLLY DRIVE  
TAMARAC, FL 33319

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

Ruth Cohen

REGISTERED AGENT MUST SIGN

Date sep-22-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 (DO NOT TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Ruth Cohen, Pres.

Date

Daytime Phone #

sep-22-99

CR2E081 (12/98)