

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V60226**

1. Corporation Name

FASHIONS FOR U TOO, INC.

Principal Place of Business

Mailing Address

**2500 SANDSTONE COURT
WELLINGTON FL 33414**

**2500 SANDSTONE COURT
WELLINGTON FL 33414**

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

08/24/1992

5. FEI Number

65-0365546

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	4 City / State / Zip
D	KATZ, IRWIN	2500 SANDSTONE COURT	WELLINGTON FL 33414
D	KATZ, SHEILA	2500 SANDSTONE COURT	WELLINGTON FL 33414

8. Name and Address of Current Registered Agent

**KATZ, IRWIN
2500 SANDSTONE COURT
WELLINGTON FL 33414**

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida
Division of Corporations

2500 Sandstone Ct.
Wellington, Fl. 33414

12/17/01

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Dear Sue, RE: Fashion for U too, Inc.

My wife went in to a bank to open a new account that had less monthly charges. The bank looked up my wife's store on the computer & it showed that the store "FASHIONS FOR U TOO" WAS DISOLVED.

I had sent in a check with a letter explaining that we never received the original documents. This was sent in to you on 10/12/01 (see attached letter copy.) for \$150

I called your office today 888-988-9000 & a lady told me that the letter & check for \$150 probably got lost in the mail, and that I should send in another check and the copy of the application for reinstatement.

So, enclosed is ① a new check for \$150 made payable to Florida Dept of State Div. of Corp. ② a copy of the 10/12/01 letter ③ The application for reinstatement - Document # V60226. Copy that was previously sent on 10/12/01.

Thank you very much - Have a happy & peaceful Christmas & New Years with peace of mind & peace of heart.

Sincerely,
Shirley Katz