

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 12 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **495469**

1. Corporation Name

SOUTHWEST SEWING CENTER & APPLIANCES, INC.

Principal Place of Business

Mailing Address

5744 S.W. 40TH ST.
MIAMI FL 33155-5302

5744 S.W. 40TH ST.
MIAMI FL 33155-5302



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

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1707832

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	GOMEZ-MORODO, DELIA	4200 S.W. 83RD AVE.	MIAMI FL
SDT	GOMEZ, JOSE A.	16012 SW 79 TERR	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOMEZ, JOSE
5744 S.W. 40 STREET
MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12-3-02**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-02

I Spoke to Michele in your office
12-3-02, you told me a letter
was sent in May to US stating
the report was unsigned.

We never received it.

We did receive another UB report
I sent a letter + a copy of
our canceled check to your office
so you could see we did file
the report. Michele said you never
received the letter.

I am enclosing the copy of the
report + copy of the check + a copy
of what we did receive.
OUR ORIGINAL Report WAS MAILED
on 4-28-02

Sincerely

Jose A Gomez Sec/Treas.

