

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **f57833**  
1. Corporation Name **FLORIDA SEWING Machines**  
7257 LEM TURNER ROAD  
JACKSONVILLE, FLORIDA 32208  
764-5254

Principal Place of Business Mailing Address  
**FLORIDA SEWING Machines**  
7257 LEM TURNER ROAD  
JACKSONVILLE, FLORIDA 32208  
764-5254

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

2. New Principal Office Address, If Applicable  
**7257 Lem Turner Road**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.

City & State  
**Jacksonville, Fla.**  
Zip  
**32208**  
Country  
**Duval**

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For  
Not Applicable

**59-2159480**

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

96-97  
00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Teresa V Plympton	7257 Lem Turner Road	Jacksonville, Fla 32208
Director	Teresa V Plympton	7257 Lem Turner Road	Jacksonville, Fla. 32208

2000002238132--9  
-07/15/97--01036--006  
\*\*\*\*915.00 \*\*\*\*915.00

9. ~~xxx~~ Name and Address of Current Registered Agent

**Teresa V Plympton**  
7257 Lem Turner Road  
Jacksonville, Fla. 32208

8. ~~xxx~~ 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 Teresa V Plympton  
REGISTERED AGENT MUST SIGN

Date **6-23-97**

11. 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.)

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: Teresa V Plympton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6-23-97** Daytime Phone **764-5254**

CRF0040 (12/96)