

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 OCT 28 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049803

1. Corporation Name

HEWITT CUSTOM APPAREL, INC

Principal Place of Business

10432 SHOWBOAT LANE
ROYAL PALM BEACH FL 33411

Mailing Address

10432 SHOWBOAT LANE
ROYAL PALM BEACH FL 33411

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2000

5. FEI Number

65-1010622

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)

Title(s)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

City / State / Zip

PD

HEWITT-MATTHEWS, LISA M

10432 SHOWBOAT LANE

ROYAL PALM BEACH FL 33411

500008627015
10/28/02--01086--018 **150.00

8. Name and Address of Current Registered Agent

HEWITT-MATTHEWS, LISA M
10432 SHOWBOAT LANE
ROYAL PALM BEACH FL 33411

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-22-02

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

Date

Daytime Phone #

10-22-02 Se 1-784-8033

CR2040 (8/02)

Hewitt Custom Apparel, Inc
10432 Showboat Lane
Royal Palm Beach, Fl 33411

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Fl 32314-6327

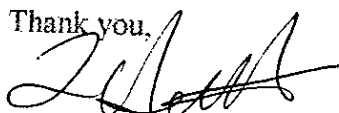
To Whom It May Concern:

I received a letter on October 23, 2002 stating that my corporation is not in an active status. The letter also states that Florida Department of State informed me in September and I did not receive such letter.

I have enclosed a check for \$150.00 for my 2002 filing fee.

Please call me with any question I can be reach at 561-784-8633.

Thank you,

 10-24-02

Lisa Hewitt-Matthews

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