

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Gloria E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000061718

1. Corporation Name

A FEW INCHES MORE, INCORPORATED

Principal Place of Business

Mailing Address

PO BOX 355173
ORLANDO FL 32855-5173

PO BOX 355173
ORLANDO FL 32855-5173

FILED
03 DEC -9 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

POB 621313

Suite, Apt. #, etc.

OVIDO

City & State

FL

Zip

32762

Country

USA

3. New Mailing Office Address, If Applicable

1032 E. Harrison St

Suite, Apt. #, etc.

OVIDO

City & State

FL

Zip

32765

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/2001

5. FEI Number

59-3725115

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	PARIS, BJ	2222 LAKE SUNSET DR	ORLANDO FL 32805
PCEO	EZELL, BJ	1032 E. Harrison St.	Oviedo FL 32765
I DID NOT RECEIVE ANY NOTICES			
Bj Ezell 10/15/03			

8. Name and Address of Current Registered Agent

PARIS, BJ
2222 LAKE SUNSET DR
ORLANDO FL 32805-3081

(marriage license copy enclosed)

9. Name and Address of New Registered Agent

Name

BJ EZELL

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

1032 E. Harrison St

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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 of Registered Agent: BJ Ezell

REGISTERED AGENT MUST SIGN

Date

10/15/03

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 of Signing Officer or Director: BJ Ezell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

(407) 359-1988