

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
Oct 28, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **P01000093721**

1. Corporation Name

SEW IT ALL, INC.

Principal Place of Business

~~1447~~
~~1447~~ WALSINGHAM RD
LARGO FL 33774

Mailing Address

~~1447~~
~~1447~~ WALSINGHAM RD
LARGO FL 33774



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

09/24/2001

5. FEI Number

59-3746589

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 | JASPER, RUTH L | 1447 1446 WALSINGHAM RD | LARGO FL 33774 |
| A | GELINAS, BRENDA L | 1447 WALSINGHAM RD | LARGO FL 33774 |
| | | | |
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| | | | |
| | | | |

000024253120
10/29/03 01053 010 **150.00

8. Name and Address of Current Registered Agent

GELINAS, BRENDA L
1447 WALSINGHAM RD
LARGO FL 33774

9. Name and Address of New Registered Agent

Name

Brenda L. Gelinas

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

3434 Roxbury Drive

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34691

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

Brenda L. Gelinas

REGISTERED AGENT MUST SIGN

Date **10-22-03**

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:

Brenda L. Gelinas
Brenda L. Gelinas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03 7275954335

Date

Daytime Phone #

CR2E046 (7/03)



SEW IT ALL, INC.

"We Make You Look Your Best!"

727-595-4335

To whom it may concern,

What with moving, as you can see by my new address, and not receiving your forms because of the move, I'm afraid I never sent in my renewal application. Please accept it now with my apologies at the original cost.

Thank you,

Brenda L. Delinas