#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

#### DIVISION OF CORPORATIONS

## DOCUMENT # P01000093721

1. Corporation Name

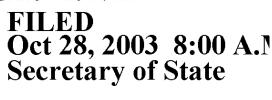
SEVV II ALL, INC	W IT ALL, IN	C
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Principal Place of Business

Mailing Address

144 WALSINGHAM RD

14477 WALSINGHAM RD



Daytime Phone #

LARGO FL 33774 LARGO FL 337							REI	REINSTATEMENT 03				
If above ac	Idresses are i	incorrect in any way, line thr	ough incorrect in	formation a	and enter c	orrection below.		يعيجه والاستهام والمستحد				
If above addresses are incorrect in any way, line through incorrect in  2. New Principal Office Address, If Applicable 3. New Mailir				ng Office Address, If Applicable			4. Date Inc To Do E	Date Incorporated or Qualified     To Do Business in Florida     Octobrida				
Suite, Apt. #, etc. Suite, Apt. #,				, etc.			5 FEI Nur	09/24/2001  5. FEI Number  Applied For				
City & State City & State				- F1.			3. 12/190	EO 0740E00				
				•			6.		75 0 44:4:	Not Applicable		
Zip		Country	Zip 337	74	6euntry	ellas	CERTIFIC	CATE OF STATUS DESIRED	for a Certif	ficate of Status		
7. Names a	nd Street Add	dresses of Each Officer and	or Director (Flo	rida nonpro	fit corporat	ions must list at	least 3 directors	s)				
Title(s) Name of Officers and/or Directors				Street Address of Each Officer and/or Director								
D	JASPER, RUTH L				144व WALSINGHAM RD			LARGO FL 33774				
GELINAS-DRENDA L				144 TEMACAMENTAMENTO				BARGO FE 33774				
							10/2	1000242531 <del>23/030105</del> 3010	.20 **150	00		
-			<del></del>									
	8. Nam	e and Address of Current	Registered Age	L		<del></del>	9. Name and Address of New Registered Agent					
GELINAS, BRENDA L 14477 WALSINGHAM RD LARGO FL 33774					Name  Brenda L. Gelinas  Street Address (P.O. Box Number is Not Acceptable)  3434 Rox bury Drive  Suite, Apt. #, Etc.  City Holiday  State Zip Code  FL 34691				de (9/			
10. I, being Signature of Registered	. <i>[k</i>	undi All	ove named corporations of the corporation of the co			th and accept th	e obligations of S	Section 607.0505, F.S. or 617.05  Date				
								n chapter 607 or 617, F.S. I further ents of section 607,0401 or 617,				

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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



# 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 move, I'm afraid I never sent in my renewal Application. Please accept it now with my apoligies at the Original cost.

Thank you,

Bunda L Delinas