## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

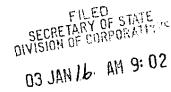
Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # P0100098410

1. Corporation Name

SIGNATURE:



SUSAI	N'S STUFF, INC						
Principal Place of Business 1309 VIC-KAY CT. WINTER GARDEN FL 34787		Mailing Address 1309 VIC-KAY CT. WINTER GARDEN FL 34787					
	addresses are incorrect in any way, line th incipal Office Address, If Applicable			d enter correction below.		STATEMENT O	2
Suite, Apt.		Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 10/09/2001		
City & Stat	·	City & State			5. FEI Number Applied For Not Applicable		
Zip	Country (	Zip 3	-	Country	6. CERTIFICATE	S8.75 Addition	nal Fee required cate of Status
7. Names	and Street Addresses of Each Officer and	I/or Director (Florida	nonprofit	corporations must list at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip	
P	SOLOMON, SUSAN		1309 VIC-KAY CT.		WINTER GARDEN FL 34787		
-	8. Name and Address of Current	Registered Agent	- 50		<b>≓</b> ⊕ 1 , ∻	0010165778 0301068012 **750.	00
				Name			
SOLOMON, SUSAN 1309 VIC-KAY CT. WINTER GARDEN FL 34787				Street Address (F Suite, Apt. #, Etc.	P.O. Box Number is Not Acceptable)  State Zip Code		
10. I, being Signature o Registered	Agent Agent	ove named corporate	na	etired .	oligations of Secti		
this rein	that I am an officer or director or the recenstatement application, the reason for dissy the corporation have been paid and the application is true and accurate, and my s	olution has been elim names of individuals	minated, th s listed on	ne corporate name satisfies this form do not qualify for	the requirements an exemption und	of section 607.0401 or 617.0401, F.S., th	hat all fees

407-656 4223

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Daytime Phone #