

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
03 OCT 17 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000132202

1. Corporation Name

ALL CARE SWEEPING, INC.

Principal Place of Business

Mailing Address

929 SE 130TH AVE.
WEBSTER FL 33597-3533

929 SE 130TH AVE.
WEBSTER FL 33597-3533



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/16/2002	
City & State		City & State		5. FEI Number	
Zip		Country		-56-2311889	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	STORY, DANIEL	929 SE 130TH AVE.	WEBSTER FL 33597

600023870456
10/17/03--01022--005 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STORY, DANIEL 929 SE 130TH AVE. WEBSTER FL 33597-3533		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 Date 10-10-03
REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date 10-10-03 Daytime Phone # 813-629-9301

CR2E040 (7/03)

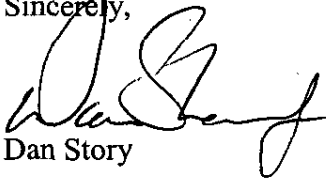
Dan Story
All Care Sweeping, Inc.
929 SE 130th Ave.
Webster, FL 33597

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

To Whom It May Concern:

I am writing this letter in response to your notice of revocation and sending \$150.00 and application to remain active. This is my first year being in business and have never received a first or second notice for renewal. Furthermore, I applied for "S" Corporation status on 12-16-02 not to be active until January 01, 2003. With that being said, this should not be due until 2004. Thanks in advance for your attention to this matter. Please advise.

Sincerely,



Dan Story