

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

12/16/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

-56-2311889

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
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**

Zip Code

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

*[Handwritten Signature]*

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-03 / 813-629-9301

CR2E040 (7/03)

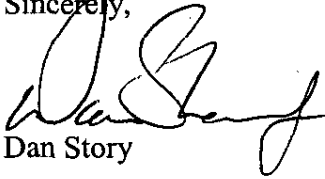
Dan Story  
All Care Sweeping, Inc.  
929 SE 130<sup>th</sup> Ave.  
Webster, FL 33597

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