

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATIONS  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAR 12 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300118543433  
03/12/08--01034--001 \*\*167.50

DOCUMENT # P04000056350

1. Limited Liability Company's Name

Sew Nice Designs, Inc.  
4206 Carrollwood Village Ct  
Tampa, FL 33618

2. Principal Office Address - No P.O. Box #

4206 Carrollwood Village Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Tampa FL

City & State

Zip

33618

Country

USA

Zip

Country

REINSTATEMENT 06-08  
KS

CR2E041 (12/07)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

3/29/04

6. FEI Number

753089293

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

John F. Thompson

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

4206 Carrollwood Village Ct

Suite, Apt. #, Etc.

City

Tampa.

State

FL

Zip Code

33618

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/19/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PD	Patricia Thompson	4206 Carrollwood Village Ct	Tampa, FL 33618
STD	John F. Thompson	4206 Carrollwood Village Ct	Tampa FL 33618

300118543433  
02/21/08--01029--009 \*\*282.50

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*[Signature]*

Date

2/19/08

Daytime Phone#

813-205-7408

Typed or printed name of signing Managing Member/Manager