

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN -7 PM 10:35

DOCUMENT # P05000017508

1. Corporation Name

We Sit 4 U, Inc.

REINSTATEMENT 11-13

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

26486 Clarkston Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

26486 Clarkston Dr.
Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Bonita Springs, FL
Zip Country

34135

USA

City & State

Bonita Springs, FL
Zip Country

34135

4. Date Incorporated or Qualified
To Do Business in Florida

2/2/2005

5. FEI Number

20-2259035

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pat Radzowicz

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

26486 Clarkston Drive

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

900243398079
01/07/13--01050--024 **1058.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/4/13

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Pat Radzowicz	26486 Clarkston Dr.	Bonita Springs, FL 34135
T	Kathy Bennett	26486 Clarkston Dr.	Bonita Springs, FL 34135

10. E-mail Address: pattyrad1937@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

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

1/4/13
Date

239-948-9796
Daytime Phone #

JAN 8 2013

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