2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							FILED	
DOCUMENT # P06000061294						SECRE	TARY OF STA DE-CORPORA	ME
1. Entity Name .					,	MOICIVIC	n resposa	TIONS
STEVES	SEWELL, INC					08 APR -	-9 PH 2:	F-7
		'	: t »				2 LU Z:	5/
Principal Plac	e of Business	Mailing Address		1				
3490 CARTWRIGHT CT.		P.O. BOX 2544						
BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 341			34133					
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Principal Place of Business - No P.O. Box # 3. Mailing Address								
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Suite, Apt.	Suite, Apt. #, etc.	3uite, Apt. #, etc.		03312008	REIN-P	CR2E098 (1	/07)	
City & State City & State					4. FEI Numb	er	I	Applied For
	··				14-	1959801		Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		Additional
	6 Name and Address of Current	Registered Agent		1	7 Name and	Address of New Re	Fee Re	quired
6. Name and Address of Current Registered Agent				Name		or non ne	- Jacob or rigerit	
SEWELL, STEVEN L				Street Address (P.O. Box Number is Not Acceptable)				
3490 CARTWRIGHT CT BONITA SPRINGS, FL 34134				Street Address (P.O. Box Number is Not Acceptable)				
BONTA SPRINGS, PL 34134				-				
				City			FL Zip	Code
9 The above	and antity submits this statement for	or the nurgose of changing its	register	ed office or regista	red agent or bo	th in the State of Flor		with and accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
CIONATI IDE								
SIGNATURE								
In accordance with s. 607.193(2)(b), F.S., the								
FI	LE NOW!!! FEE IS \$300.00					In accordance w corporation did n		
						,		
10.	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS	CHANGES TO OFFIC	DERS AND DIREC	
NAME	SEWELL, STEVEN L	□ Delese	NAN					inge [_] Addition
STREET ADDRESS	3490 CARTWRIGHT CT		STR	EET ADDRESS		•		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY	r-ST-ZIP				
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NAME		L Delat	NAA					ango 🗀 noomon
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	•	<u> </u>	CITY	r-st-zip				
TITLE NAME		☐ Delete	JTFT AAN				Chr	ange Addition
STREET ADDRESS		ł.		EET ADORESS		Charles and Charles	1.1 31	
CITY-ST-ZIP		; 1	CITY	(-ST-ZIP		in the case of the		
TITLE		Delete	TITL	!			<u>C</u> h	ange
NAME		. 014	NAN	TET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /-St-Zip			•	
12 Lhereby	certify that the information supplied with	h this filing does not avalify to	rithe ex	emotions contained	d in Chapter 119	, Florida Statutes. I fi	urther certify that	the information
12. I hereby certify that the information supplied with this filing does not adalify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or tryastee empowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other tike empowered.								
changed, or on an attachment with all address, with all other like empowered								
SIGNATURE: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
SIGNATURE: VIVID SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISC OSVIDE Flore #								