2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 10, 2009
Secretary of State

DOCUMENT# P08000019653

Entity Name: ALL IN STITCHES, INC.

Current Principal Place of Business:

501 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325 BR

New Principal Place of Business:

559 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325 BR

Current Mailing Address:

501 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325 BR

New Mailing Address:

559 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325 BR

FEI Number: 65-0617212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTORIELLO, JOHN A
501 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

SANTORIELLO, JOHN A
559 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325 US

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.

SIGNATURE: JOHN SANTORIELLO 12/10/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANTORIELLO, JOHN A
Address: 11710 NW 2ND STREET
City-St-Zip: PLANTATION, FL 33325 BR

Title: VP ( ) Delete
Name: SANTORIELLO, JOHN A
Address: 11710 NW 2ND STREET
City-St-Zip: PLANTATION, FL 33325 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SANTORIELLO PRES 12/10/2009
Electronic Signature of Signing Officer or Director Date