

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000030897

1. Corporation Name

IT'S SUCH A DEAL, INC.

Principal Place of Business

PO BOX 14610
BRADENTON FL 34280

Mailing Address

~~PO BOX 14610~~
BRADENTON FL ~~34280~~

34209

Box 7719
24th Avenue



FILED
02 OCT 23 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/14/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0661485	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SHEFFIELD, DONALD R	7719 24TH AVENUE WEST	BRADENTON FL 34208

4000008546424
10/23/02--01057--002 **150.00

10/25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MATTHEWS, TERENCE 5190 26TH STREET WEST, STE. D BRADENTON FL		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		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	Date
<i>Terence Matthews</i> <i>Donald R. Sheffield</i>	10/20/02
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:	Date	Daytime Phone #
<i>Donald R. Sheffield</i>	10/20/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E040 (8/02)

**IT'S SUCH A DEL
7719 24TH AVE W
BRADENTON, FL. 34209**

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
BOX 6327
TALLAHASSEE, FL. 32314-6327**

RE: INSTATEMENT

DEAR SIRs:

**I HAVE WRITTEN TO YOU ALREADY ONCE THIS YEAR LETTING YOU
KNOW WE HAD A CHANGE OF ADDRESS AND STILL ALL THE FORMS
ARE GOING TO OUR OLD ADDRESS.**

**I DID NOT RECEIVE MY CORPORATE RENEWAL FORMS AND SO I
COULD NOT SEND THEM IN ON A TIMELY BASIS.**

**PLEASE RENEW THIS COPRPORATION SINCE I COULD NOT DO IT
WITHIN THE ALLOTTED TIME FRAME.**

SINCERELY

A handwritten signature in cursive script, reading "Donald R. Sheffield".

**DONALD R. SHEFFIELD
PRESIDENT/OWNER**