### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION** FOR' REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

#### DOCUMENT # P98000051185

1. Corporation Name

### CLASSIC SEWING CENTER, INC.

Principal Place of Business

Mailing Address

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FILED

03 DEC -5 AM 10: 45

SECRETARY OF STATE TALLAHASSEELFLORIDA

FORT MYERS FL 33901		FORT MYERS FL 33901							
	e incorrect in any way, line t				12/05/	) /0301040	56632 031 **15	0.00 03	
New Principal Office	Address, If Applicable	ling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     06/05/1998					
Suite, Apt. #, etc. Suite, Apt. #,			, etc.		5. FEI Number		00,00,10	Applied For	
City & State City & St			e .		65-0840235 Not Ap			Not Applicable	
·Zip-	Zip Country			CERTIFICATE OF STATUS DESIRED   58.75 Additional Fee required for a Certificate of Status					
7. Names and Street A	ddresses of Each Officer an	d/or Director (Flo	rida nonprofit c	corporations must list at lea	ast 3 directors)				
Title(s)			Street Address of Each Officer and/or Director		City / State / Zip				
-D LERCH, C	LERCH, DALE L			1455 ORCHID RD			NORTH FORT MYERS FL 33903		
-DP LERCH, ELIZABETH B			1455 ORCHID RD		NORTH-FORT MYERS FL 33903				
MOP MUNZ, WILSON F			3309 SW 7TH AVE			CAPE CORAL FL 33914			
			REINSTATEMENT						
8. Nar	ne and Address of Curren		9. Name and Address of New Registered Agent						
LERCH, DALE L		Name Wilson F. MunZ Street Address (P.O. Box Number is Not Abceptable)							
2205 BROADWAY	•		2205 Broadway						
~FORT MYERS FL	33901			Suite; Apt. #, Etc.			•		
			City F1	.Myers	Myers State Zip Code FL 33901				
	e registered agent of the ab	ove named corpo	ration, am fam	iliar with and accept the ob	oligations of Secti	on 607.0505, F.S. or 6	317.0505, F.S.		

Date / //-/3-03

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 filling 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## GILBERT, WALLACE, STEWART, MCGEE, STRAMEL & SOWERS, P.A.

D. TODD McGEE, C.P.A., C.V.A. DIANE E. STRAMEL, C.P.A. J. MICHAEL SOWERS, C.P.A.

J. DAVID FOSHEE, C.P.A. (RETIRED)

SALLY FRIZZELL COLEMAN, C.P.A. RUTH E. KIESEL, C.P.A. DOUGLAS Y. EDWARDS, C.P.A. BRENDA L. VANDYCK, C.P.A. MORGANNER KEFL, C.P.A.



CERTIFIED PUBLIC ACCOUNTANTS

MEMBERSHIPS

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

October 17, 2003

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Classic Sewing Center, Inc.

EIN: 65-0840235

Form: 2003 Uniform Business Report

### Dear Department:

The taxpayer has requested that we review the information in regards to the above referenced report. The taxpayer was unaware of the filing of this report and did not receive the prior two uniform business report notices. This is the first year that the taxpayer has been the president and agent of this corporation (the past president retired in 2002). The taxpayer has completed the Application for Reinstatement and has also enclosed the filing fee of \$150.

The taxpayer requests that you make the necessary adjustments to your records. Please do not hesitate to contact us with any questions.

President

Sincerely,

Diane E. Stramel, C.P.A.—

GILBERT, WALLACE, STEWART,

McGEE, STRAMEL & SOWERS, P.A.

DES:klb

enclosure

cc: Wilson F Munz