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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 SEP 26 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000063079

1. Corporation Name
Serves You Right, Too, Inc.

| | | | |
|--|---------|---------------------------|---------|
| 2. Principal Office Address 6320 S.W. 90th Ct | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miami, FL | | City & State | |
| Zip 33173 | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida 07-09-1999

5. FEI Number 65-097458

| | |
|----------------|--|
| 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
Jo Ann W. Cowan

Street Address (P.O. Box Number is Not Acceptable)
6320 SW 90th Ct.

Suite, Apt. #, Etc.

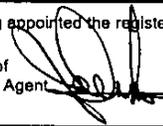
City
Miami

State
FL

Zip Code
33173

400059862404
09/27/05--01011--006 **450 00

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  REGISTERED AGENT MUST SIGN

Date 09-13-05

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 |
|--------|-----------------------------------|--|--------------------|
| D | Jo Ann W. Cowan | 6320 S.W. 90th Ct | Miami, FL 33173 |
| | | | |
| | | | |
| | | | |
| | | | |

10. 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.

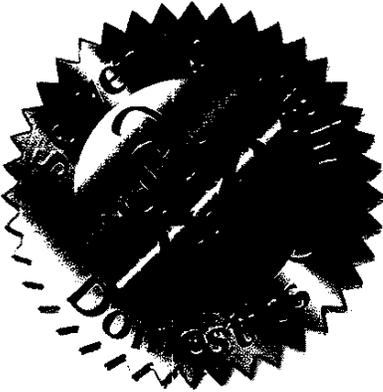
SIGNATURE:  JO ANN W. COWAN

Date 9-13/05 385-595-7904

Daytime Phone # 385 595-7904

9/28

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making life a little easier

Florida Department of State
Division of Corporations
P.O. 6327
Tallahassee, FL. 32314
September 13, 2005

RE: Corporation Reinstatement for Serves You Right, Too, Inc.
Document P99000063079

Dear Sir or Madam:

Attached is our completed Corporate Reinstatement Form, along with our check for \$450.00 representing the payment of the annual fee for 2003, 2004 and 2005.

We are requesting the waiver of the \$600.00 reinstatement because we did not receive the 2003 Annual Report Forms. During the year 2003 our offices were being renovated and we did experience substantial issues with our mail.

Sincerely

Jo Ann W. Cowan, President
Serves You Right, Too, Inc.

6320 SW 90th Court
Miami, Florida 33173
Tel.: 305-595-7904
Fax: 305-595-6014
jwcnanny@bellsouth.net
www.servesyourightdomestics.com