

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 SEP 26 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063079

1. Corporation Name

Serves You Right, Too, Inc.

2. Principal Office Address

6320 S.W. 90th Ct

Suite, Apt. #, etc.

3. Mailing Office Address

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

REINSTATEMENT 03-05

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jo Ann W. Cowan

9-13/05 385-595-7904

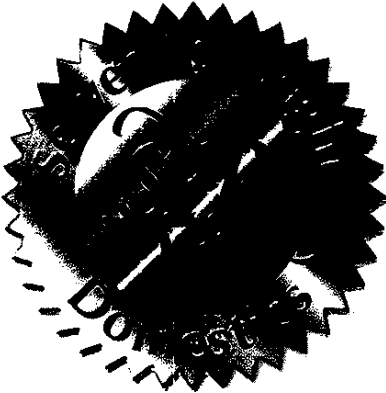
Date

Daytime Phone #

385 595-7904

9/28

213



making life a little easier

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

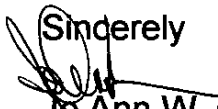
RE: Corporation Reinstatement for Serves You Right, Too, Inc.
Document P99000063079

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.