

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 25 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S04371

1. Corporation Name

THE SEWING MART, INC.

Principal Place of Business

1849 SE FEDERAL HWY.
STUART FL 34994

Mailing Address

1849 SE FEDERAL HWY.
STUART FL 34994



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1990

5. FEI Number

65-0217460

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MC CANN, ROBERT A.	1849 SE FEDERAL HWY	STUART FL

6000008606056
10/28/02--01034--014 **150.00

BR 10/30

8. Name and Address of Current Registered Agent

MC CANN, ROBERT A.
1849 SE FEDERAL HWY.
STUART FL 34994

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-22-02

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.

ROBERT A. MC CANN

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02 7722877960

Date

Daytime Phone #

CR2E040 (8/02)

From: The Sewing Mart
1845 SE Federal Hwy
Stuart Fl. 34994

10-22-02

To: Florida Dept. of State
Reinstatement Section

RE: Reinstatement of Corporation
DEAR SIR

I HAVE BEEN PAYING MY REINSTATEMENT FEES FOR THE LAST ELEVEN YEARS
AND HAVE NEVER MISSED A PAYMENT. I DID NOT RECEIVE MY NOTICE FOR THIS
YEAR OR I WOULD HAVE PAYED IT. PLEASE REINSTATE ME AT THE REGULAR
COST.

THANK YOU

ROBERT A. MCCANN
CHECK ENCLOSED FOR \$150.00