

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 12 AM 8:00

DOCUMENT # P02000134076

1. Corporation Name
 100% COTTON, INC.

REINSTATEMENT 03-04



000029416150

02/26/04--01004--013 **750.00

Principal Place of Business Mailing Address
 3535 HWY 17 S STE 1 3535 HWY 17 S STE 1
 ORANGE PK FL 32003 ORANGE PK FL 32003

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

110 Ocean Hollow Lane
 Unit # 202
 Saint Augustine, FL
 FL 32084 Saint Johns

4. Date Incorporated or Qualified To Do Business in Florida
 12/20/2002

5. FEI Number
 83-0344665

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	COTTON, RANDALL T	110 OCEAN HOLLOW LN #202 ST	ST AUGUSTINE FL 32084
V	COTTON, LAURA A	110 OCEAN HOLLOW LN #202 ST	ST AUGUSTINE FL 32084
P	Cotton, Randall T.	110 Ocean Hollow Ln. #202	St Augustine, FL 32084
V	Cotton, Laura A.	110 Ocean Hollow Ln. #202	St. Augustine, FL 32084

000029416150
 04/12/04--01051--012 **150.00

8. Name and Address of Current Registered Agent
 COTTON, RANDALL T
 110 OCEAN HOLLOW LN #202
 ST AUGUSTINE FL 32084

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 Laura A. Cott Date 10-16-03
 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: Laura A. Cott 10-16-03 904.464.4106
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)