

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

97-01 UBR

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **990000064603**

1. Corporation Name
Tito, Inc.

600004560126--1
-08/28/01--01068--007
****765.00 ****765.00

2. Principal Office Address 2079 Hwy 70 E		3. Mailing Office Address P.O. Box 1519	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Arcadia, FL		City & State Arcadia, FL	
Zip 34265	Country U.S.	Zip 34265	Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida **8/1996**

5. FEI Number **65-0699513** 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 **Eduardo Arecco**

Street Address (P.O. Box Number is Not Acceptable) **2079 Hwy 70 E**

Suite, Apt. #, Etc.

City **Arcadia** State **FL** Zip Code **34265**

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 **Eduardo Arecco** Date **07/25/01**

REGISTERED AGENT MUST SIGN

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
President	Eduardo Arecco	2079 Hwy 70 E.	Arcadia, FL 34265
Vice President	Norma C. Arecco	2079 Hwy 70 E	Arcadia FL 34265
Treasurer			

97-01 UBR

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: **Eduardo Arecco** **7-10-01** 863-494-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9/00)