

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000020510

1. Corporation Name

TACTICAL TEAMWORK AND FITNESS, INC.

Principal Place of Business

1235 PRIMROSE ROAD
VENICE FL 34293

Mailing Address

1235 PRIMROSE ROAD
VENICE FL 34293

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

03/02/1998

5. FEI Number

65-0841744

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTSV	JORDAN, COLIN A	1235 PRIMROSE RD	VENICE FL 34293

8. Name and Address of Current Registered Agent

JORDAN, COLIN
1235 PRIMROSE ROAD
VENICE FL 34293

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

Page 2 of 2
Oct. 29th, 2002

To whom it may concern,

I received a notice of dissolution of my corporation last week, and contacted your office regarding the matter yesterday. I was told that I should write this letter explaining what occurred, submit the application for reinstatement, and that my company should be reinstated as a result.

My accountant's little daughter went through a horrific battle with a brain tumor, and recently died. Of course, my accountant had to focus all of her attention on her family, and as a result, several items fell through the cracks- including my corporate filing fee paperwork. This summer, I spoke with your office and explained the situation. They said that I just needed to go ahead and send in the \$150.00 filing fee along with a brief letter explaining the circumstances. I did so, but the letter and check were returned, with a letter saying that the paperwork was not properly completed. I called the office again, and this time asked to be walked through filling out the paperwork. I resubmitted both the paperwork and the check. Sometime later I then received the notice of dissolution, but the check I submitted to the state was cashed (#2242 with Southtrust Bank), and cleared on October 7th.

As per instruction from your office, I'm resubmitting the paperwork along with this letter of explanation. Thanks for your time, and please don't hesitate to contact me if you have any questions.

Sincerely,



Colin Jordan
Tactical Teamwork & Fitness Inc. 65-0841744
1235 Primrose Road
Venice, FL 34293

Home: 941-493-0751
Office: 941-359-4218