

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED


07 FEB 14 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600088534616
02/19/07--01002--017 **450.00

REINSTATEMENT

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000069258

1. Corporation Name
QUEEN TOO INC

WD2-6080

2. Principal Office Address - No P.O. Box # 20004 BEHAN CT		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT CHARLOTTE FL		City & State	
Zip 33952	Country CHARLOTTE	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **AUG 10, 1998**

5. FEI Number **65-0861470**

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 **JOAN L. ROBBINS**

Street Address (P.O. Box Number is Not Acceptable)
20004 BEHAN CT.

Suite, Apt. #, Etc.

City **PORT CHARLOTTE** State **FL** Zip Code **33952**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **[Signature]** **PRESIDENT** Date **1/31/07**

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
Pres	JOAN L. ROBBINS	20004 BEHAN CT.	PORT CHARLOTTE FL 33952

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 contained in Chapter 119, 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]** **PRESIDENT** Date **1/31/07** Daytime Phone # **9414571215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Joan L. Robbins
20004 Behan Court
Port Charlotte, FL 33952

Re: Queen Too Inc.
P98000069258
FEI #65-0861470

I moved from the east coast of Florida in May 2004 (old address 7689 Hoffy Circle, Lake Worth, FL 33467) to Port Charlotte. After I moved, I did not ever receive the annual invoice that was usually sent.

While encountering the devastation of Hurricane Charley, and trying to get back to a somewhat normal life, I at the time did not realize that I was without the invoice.

I am asking that you waive the penalty and am enclosing a check for \$450. for the years of 2005, 2006 & 2007.

Thank You,


Joan L. Robbins