

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000106048

1. Corporation Name

TOP SECRET WEAVE, INCORPORATED

Principal Place of Business

315 SUNCREST CT
OVIEDO FL 32765

Mailing Address

315 SUNCREST CT 3267 Progress Dr.
OVIEDO FL 32765 Orlando, FL
32826

FILED
02 NOV 13 PH 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



400008955954
11/13/02--01019--011 **150.00

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

2. New Principal Office Address, If Applicable

Same

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 3267 Progress Dr.

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

5. FEI Number

59-3594215

Applied For

Not Applicable

Zip

Country

Zip

Country

32826

Orange

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
P	MCCAULEY-BELL, PAMELA R	315 SUNCREST COURT	OVIEDO FL 32765

8. Name and Address of Current Registered Agent

MCCAULEY-BELL, PAMELA R
315 SUNCREST COURT
OVIEDO FL 32765

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

10/24/02

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)(l), 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 #

PAMELA MCCAULEY-BELL

10/24/02

CR2E040 (8/02)

November 6, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

Reference: Document # P98000106048

Gentlemen:

I am enclosing my check #3191 for \$150 for reinstatement of Top Secret Weave, Inc.

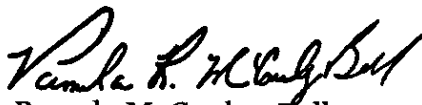
I do not remember receiving the paperwork before May as our office relocated to Orlando. I ask that you allow me to reinstate at the \$150 rate due to our office move and failure to receive these documents in a timely fashion.

Please send all future correspondence to:

Pamela McCauley-Bell
c/o TSI
3267 Progress Drive, Suite 103
Orlando, FL 32826

Thank you for your consideration in this matter.

Sincerely,



Pamela McCauley-Bell
President & CEO

/jmd
Enclosure