PLEASE READ ALL INSTRUCT S BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 FEB 27 AM 10: 27 DOCUMENT #/ SECRETARY OF STATE TALLAHASSEE FLORIDA 1. Corporation Name TOMMYTEE CORPORATION Principal Place of Business 6452 NW 77TH COURT 6452 NW 77TH COURT MIAMI, FL 33166 MIAMI, FL 33166 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable Date Incorporated or Qualified To Do Business in Florida N/A Suite, Apt. #, etc N/A 10/29/1968 Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-1298314 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip P/D6452 NW 77TH COURT BROOKBANK, STEPHANIE T. MIAMI, FL 33166 V/D/S 6452 NW 77TH COURT TYLER. THOMAS MIAMI, FL 33166 A/S 6452 NW 77TH COURT DIAZ, LUCIE MIAMI. FL 33166 200002101562--02/28/97--01117--005 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent THOMAS TYLFR
Street Address (P.O. Box Number is Not Acceptable) THOMAS TYLER 6452 NW 77TH COURT 6452 NW 77TH STREET MIAMI, FL 33166 Suite, Apt. #. Etc. Zip Code 33166 MIAMI 10. I, being appointed the registered ad fit of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under path under oath SIGNATURE: PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHANIE

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