

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 26 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01191

1. Corporation Name

TYSON'S TINY TOTS, INC.

Principal Place of Business

Mailing Address

542 22ND ST.
C/O JOSEPH B.L TYSON
WEST PALM BEACH FL 33407-5804

542 22ND ST.
C/O JOSEPH B.L TYSON
WEST PALM BEACH FL 33407-5804

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 Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2665236

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VTD	TYSON, JOSEPH B.	524 22ND ST.	WEST PALM BEACH FL 33407
PD	TYSON, MALISSA N	542 22ND STREET	W PALM BEACH, FL 0
S	TYSON, KARL B	542 22ND STREET	W PALM BEACH, FL 0
D	BUIE, ALTERMEASE	C/O 542 22ND STREET	W PALM BEACH FL
			700003447037--0 -11/01/00--01056--010 ****758.75 ****758.75
			REINSTATEMENT 00 11 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TYSON, JOSEPH B
542 22ND ST.
WEST PALM BEACH FL

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Joseph B. Tyson
REGISTERED AGENT MUST SIGN

Date October 18, 2000

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:

Malissa N. Tyson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Malissa N. Tyson

Date

10/18/00 (561)

Daytime Phone #

833-1380

CR2ED40 (8/00)