

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

150 00

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000002474**

1. Corporation Name

**TIPS & TANS, INC. AT THE GROVES**

Principal Place of Business

A-11, SEMINOLE PRATT-WHITNEY ROAD  
LOXAHATCHEE FL 33470

Mailing Address

17924 64TH PLACE NORTH  
LOXAHATCHEE FL 33470



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

05/17/2002

5. FEI Number

04-3616384

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
PCST	SIMMONS, ROSE	A-11, SEMINOLE PRATT-WHITNEY ROA	LOXAHATCHEE FL 33470
V	SIMMONS, J. CHRIS	2760 NORTH WEST 55TH COURT 17924 64th Pl. North	FORT LAUDERDALE FL 33309 Loxahatchee FL 33470

500024100045  
10/27/03--01004--019 \*\*150.00

8. Name and Address of Current Registered Agent

SIMMONS, ROSE  
17924 64TH PLACE NORTH  
LOXAHATCHEE FL 33470

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

*Rose Simmons*  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

*Rose Simmons* - Rose Simmons  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-  
10/14/03 484-0065

CR2E040 (7/03)

**Rose Simmons  
17924 64th Place North  
Loxahatchee, FL 33470**

**Wednesday, October 22, 2003**

**RE: Corporation Reinstatement/Renewal**

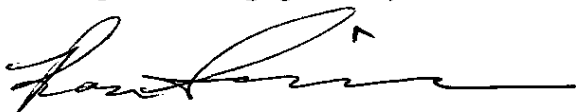
**Florida Dept. of State/Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

**Dear Florida Dept. of State/Division of Corporations,**

**It is our understanding that you have agreed to waive the normal reinstatement fee of \$750.00; due to the fact we were not notified of renewal. This courtesy is greatly appreciated.**

**Therefore please find enclosed the full payment of \$150.00 for the renewal of our corporation.**

**Respectfully yours,**

A handwritten signature in black ink, appearing to read 'Rose Simmons', with a long horizontal flourish extending to the right.

**Rose Simmons  
Tips & Tans at the Groves**