

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV 30 PM 4:00

DOCUMENT # **H67787**

1. Corporation Name  
**LAST CHANCE THRIFT STORES, INC.**

Principal Place of Business Mailing Address  
 36500 U.S. HWY. 19 N. 36500 U.S. HWY. 19 N.  
 PALM HARBOR FL 34684 PALM HARBOR FL 34684



REINSTATEMENT 01

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/18/1985	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2596380	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	TULLIS, WILLIAM R.	36500 U.S. HWY. 19 N.	PALM HARBOR FL
D	TULLIS, RODNEY F.	36500 U.S. HWY. 19 N.	PALM HARBOR FL
TD	TULLIS, BEN V.	36500 U.S. HWY. 19 N.	PALM HARBOR FL
			500004721095--5 -12/12/01--01074--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TULLIS, WILLIAM R. 36500 U.S. HWY. 19 N. PALM HARBOR FL 34684		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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 *Ben V. Tullis* Date 11/26/01  
 REGISTERED AGENT MUST SIGN

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: *Ben V. Tullis* Date 11/26/01 Daytime Phone # AD  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)