

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H67787			
1. Corporation Name LAST CHANCE THRIFT STORES, INC.			
Principal Place of Business 36500 U.S. HWY. 19 N. PALM HARBOR FL 34684		Mailing Address 36500 U.S. HWY. 19 N. PALM HARBOR FL 34684	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 07/18/1985		5. FEI Number 59-2596380	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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 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.			
Signature of Registered Agent 		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: 		Date 11/26/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 PM 4:00



REINSTATEMENT

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AD