

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION
REINSTATEMENT



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

FILED

00 SEP -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K99795

1. Corporation Name

TUT Enterprises, Inc.
~~22340 N. Bypass St. #100~~

2. Principal Office Address

Box 2962

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 2962

Suite, Apt. #, etc.

City & State

Windermere FL

City & State

Windermere FL

Zip

34786

Country

USA

Zip

34786

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/3/89

5. FEI Number

59-2955247

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael E. Dooley

100003390861--E

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

10340 Cypress Isle Ct

09/13/00 01011-001

****300.00 ****300.00

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32836

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael E. Dooley

Date 8-28-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D.	Michael Dooley	10340 Cypress Isle Ct	Orlando FL 32836
V.P.	Andy Dooley	8626 Tara Oaks Ct	Orlando FL 32836

LS

10. 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:

Michael Dooley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00 407-876-2904

Date

Daytime Phone #

CR2E081 (9/99)

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2002

August 28, 2000

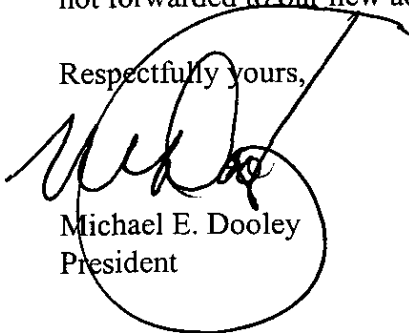
Department of State
Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is the application for Corporation Reinstatement for TUT Enterprises, Inc., FEI #59-2955247, along with a check for \$300.00, to cover 1999 and 2000 fees.

Please accept our apologies for the oversight in not filing sooner. We would like to request that the reinstatement fee of \$600.00 be waived. We moved twice in the last 18 months, and both times we filed change of address forms with the post office AND with the Florida Department of Revenue, erroneously thinking that this would have been sufficient in terms of the Annual Report. We simply did not notice that we had not received the annual report, and the reports were not forwarded to our new addresses.

Respectfully yours,



Michael E. Dooley
President