PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

99-00 UBL

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.
~~10340 Cypress Isle Ct~~

2. Principal Office Address	3. Mailing Office Address
Po Box 2962	Po Box 2962
Suite, Apt. #, etc.	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--6
-09/13/00--01011--001
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 10340 Cypress Isle Ct

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 Dooley Date: 8-28-00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
VP,D	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 8/28/00 407-876-2904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTALLY UNIQUE THOUGHTS ® 202

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

PO Box 2962, Windermere, FL 34786-2962
Phone (407)909-1534 Fax (407)909-9719 www.tut.com tut@tut.com