## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1	RPORATION STATEMENT	Se	DEPARTMEN Ecretary of S			FILED 08 DEC 12 PM 12:		
DOCUMENT # 10300004386					TALLAHASSEE, FLORIDA			
HWPD TOUS FOR TUTS INC. NO3000004386 HWOTH ROSEVETT PSWOT					100139041141			
thed					100139041141 12/16/0801007010 **253.75			
2. Principal Office Address - No P.O. Box # Buy 1604 N - Proof Sever # Buy 1604			N. Roosevelt Bl		CR2E081 (10/08)			
Suite, Apt. #, etc. Suite, Apt. #,			IC.	į		orated or Qualified		
City & State City & State						er		
hey west, FL NEU Zip Country Zip			Country 5			550838547 Not Applicable		
330		3304	1	onroe	6. CERTIFICATE	OF STATUS DESIRED S8.75	Additional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent								
Name	narnette Va			The reinstatement fee is imposed, except in				
Street Address (P.O. Box Number is Not Acceptable)					circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
Suite, Apt. #, Etc.								
City Code State Zip Code FL 33040						fee be waived.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obling signature of Registered Agent REGISTERED AGENT MUST SIGN						Date 10-10-08		
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		
D	ZAMORA, FRANK		OPECH WEST, FL3304		ricy west	FL33040		
D	POLEWICZ, TIM		1604 N. Roosevell Blue		Keylles	- FL33040		
BH	BARROS, BUMAN		HOW! A PROSERVE!		technos	1-1-63304B		
D	DONALO LEE		1604 N. Poosevelt Blvd		Key West,	FL33040		
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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #								

## Dear Harquita Williams

Corporation in this matter. Sorry for the 108t minute rick. We will be going shopping the the kids Wednesday Dec 17th we hope to be active and have the Cortificate by this time. Please give me a call it you recol any thing else

Thank 1/01 Opelia 2003 305-809-1062