

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N/2000001592

1. Corporation Name Reinstatement 2017-2022
Tutelage Inc.

2. Principal Office Address - No P.O. Box #

3404 Old Mulberry Rd.
Suite Apt # etc

3. Mailing Office Address

3404 Old Mulberry Rd.
Suite Apt # etc

City & State

Plant City, FL

Zip Country

33566 USA

City & State

Plant City, FL

Zip Country

33566 USA

7. Name and Address of Current Registered Agent

Name Versha Dunn

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

626 Coronet Street

Suite Apt # Etc

City Plant City, FL

State FL Zip Code 33566

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

Versha Dunn

REGISTERED AGENT MUST SIGN

Date 2/18/22

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

Titles	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/O	Mary R Davis	3404 Old Mulberry Rd	Plant City, FL 33566
S/M	Jacqueline Gargoire	3244 Long Creek Drive	Buford, GA 30519
T/C	Margorie Shepherd	1851 Stephens Lane	Dover, FL 33527
V	Mary Kitchen	626 Coronet Street	Plant City, FL 33566

10. E-mail Address: tutelageinc@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I agree that false information submitted in a document to the Department of State constitutes a third degree felony, as provided for in s 317.15b, F.S.

SIGNATURE:

Versha Dunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2022 MAR 18 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300384220743
03/22/22--01022--002 **306.25

CE20031 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2012

5. FEI Number:

45-4529148

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

700002821207
02/23/22--01048--001 **230.00



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 MAR 18 AM 7:53

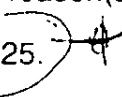
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

March 3, 2022

MARY R. DAVIS
TUTELAGE INC.
3404 OLD MULBERRY ROAD
PLANT CITY, FL 33566 US

SUBJECT: TUTELAGE INC.
Ref. Number: N12000001592

We have received your document for TUTELAGE INC. and check(s) totaling \$236.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$306.25. 

The document is illegible and not acceptable for imaging.

Please print the reinstatement form on plain white paper.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 822A00005174