

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001713

1. Corporation Name

TUESDAYS ANGELS, INC.

Principal Place of Business

2545 E SUNRISE BLVD
FT. LAUDERDALE FL 33304
US

Mailing Address

2545 E SUNRISE
PMB 139
FT. LAUDERDALE FL 33304
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1993

5. FEI Number

65-0409104

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	NICHOLLS, CHARLES A	2894 NE 27TH ST	FORT LAUDERDALE FL
DP	WARDZALA, LARRY	4621 W OCEAN DR	LAUDERDALE BY THE SEA FL 33308
D	HOPKINS, PEYTON S	2200 NE 37TH ST.	FT. LAUDERDALE FL 33308
T	WEBB, RON	6510 NE 21ST TERR	FORT LAUDERDALE FL 33308
V	Wilber, Edward	3200 N Port Royal Dr. #506	Fort Lauderdale FL 33308
D	Ramos, John	2600 Sea Island Dr.	Fort Lauderdale, FL 33301

8. Name and Address of Current Registered Agent

NICHOLLS, CHARLES
2894 NE 27TH STREET
FORT LAUDERDALE FL 33306

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500008622225
10/28/02-01068-019 #236-25

State Zip Code
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Charles A. Nicholls
REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

Ronald E. Webb
Treasurer
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 954-492-8679