

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 SEP 27 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003812

1. Corporation Name

TFT Friends, Inc.

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

975 Ashville Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

Zip

32344

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

August 1995

5. FEI Number

59-3328863

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

Lisa Roddy

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

975 Ashville Hwy

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

100252166301
09/30/13--01002--024 **358.75

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

Lisa Roddy

Date 9/27/13

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
Pres	Garrick Wright	9393 Windam Way	Tallahassee, FL 323122
VP	Chuck Bruce	4567 Hillwood Way	Tallahassee, FL 32308
Sec	Diane Carlisle	5785 Countryside Drive	Tallahassee, FL 32317
Treas	Lisa Roddy	975 Ashville Hwy	Monticello, FL 32344

REINSTATEMENT

11-13

RLH

10. E-mail Address: roddyshottie@hotmail.com and LRODDY@southernco.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 am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Lisa Roddy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/13

Date

(850) 545-3730

Daytime Phone #