

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 OCT 14 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000003819**

1. Corporation Name

That's Enuff, Inc.

500008342395--9

-10/11/02--01089--001

******297.50 ****297.50**

2. Principal Office Address

P.O. Box 211982

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

33421

Country

Palm Beach

3. Mailing Office Address

P.O. Box 211982

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

33421

Country

Palm Beach

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

6/25/1998

5. FEI Number

65-0904463

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

Deborah Bates

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

8968 Pinion Drive

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

D. Bates

Date

10/7/02

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
D	Kelly Knapp	P.O. Box 211982	
D	Larry Ragsdale	West Palm Beach, FL	33421
D	Kim Roifes		
D	Wayne Gardner	P.O. Box 211982	West Palm Beach, FL 33421
D	Terry Foley		
D-T	Kathryn Britt	P.O. Box 211982	West Palm Beach, FL 33421
P.D	Sarah Parker		
VP-D	Lynn Siderko	P.O. Box 211982	West Palm Beach, FL 33421
D-S	Deborah Bates		
D	Elaine Venturelli	P.O. Box 211982	West Palm Beach, FL 33421

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:

D. Bates

Secretary

10/7/02

561-966-0690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

11/14/02