

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000046954

1. Corporation Name

TEA OLIVE, INC.

2. Principal Office Address

3024 Coastal Hghy AlA North

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32084

Country

US

3. Mailing Office Address

3024 Coastal Hghy AlA N.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32084

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/8/2000

5. FEI Number

59-3655370

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

Charles E. Hall

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

77 Almeria Street

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|-------------------------|
| PVST | Ann Arthur | 3024 Coastal Hghy AlA North | St. Augustine, FL 32084 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 904-824-8822

CF2E081 (9/01)