


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000052033

1. Corporation Name

Tebo, Inc.

2. Principal Office Address

28870 U.S. 19 N.

Suite, Apt. #, etc.

#300

City & State

Clearwater, FL

Zip

33761

Country

USA

3. Mailing Office Address

28870 U.S. 19 N.

Suite, Apt. #, etc.

#300

City & State

Clearwater, FL

Zip

33761

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/22/00

5. FEI Number

65-1013931

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

Timothy J. Bogardus

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

28870 U.S. 19 N.

Suite, Apt. #, Etc.

#300

City

Clearwater

State

FL

Zip Code

33761

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

Timothy J. Bogardus

REGISTERED AGENT MUST SIGN

Date September 25, 2003

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
P	Timothy J. Bogardus	28870 U.S. 19 N. #300	Clearwater, FL 33761

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)(l), 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:

Timothy J. Bogardus Timothy J. Bogardus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/03

Date

727 712 8471

Daytime Phone #

CR2E081 (10/02)

13



28870 US 19 North
Suite 300
Clearwater, FL 33761
p: 727 712 8471
www.tebodesign.com

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September 25, 2003

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing to request a waiver on the reinstatement fee for Tebo, Inc. Tebo, Inc never received the annual report form for 2003. In going online and searching we discovered that the address information on document P00000052033 is incorrect. Tebo, Inc. has not been at that address for 2.5 years. The correct address at this time is:

Tebo, Inc.
28870 U.S. 19 North
Clearwater, FL 33761
(727)712-8471

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim J. Bogardus".

Tim J. Bogardus
President