

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

02 JUN -3 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105270

1. Corporation Name

TU KATZ ENTERPRISES, INC.

2. Principal Office Address

3394 TIMUCUA CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 770818

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32837

Country

USA

Zip

32877

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/00

5. FEI Number

59-3680585

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

TANYA ROGERS

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

3394 TIMUCUA CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

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

Tanya L. Rogers

REGISTERED AGENT MUST SIGN

Date

5/30/02

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	TANYA ROGERS	3394 TIMUCUA CIRCLE	ORLANDO, FL 32837
D	ANGIE ESTES	3394 TIMUCUA CIRCLE	ORLANDO, FL 32837
			700005891957--5
			-06/20/02--01065--005
			****300.00 ****300.00
			01-02 4322 18

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.

TANYA L. ROGERS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/30/02 407-402-1453

Daytime Phone #

CR2E081 (9/01)

Page 2 of 2

May 30, 2002

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

Tu Katz Enterprises, Inc.
P.O. Box 770818
Orlando, FL 32877

RE: Corporation Reinstatement

TO WHOM IT MAY CONCERN:

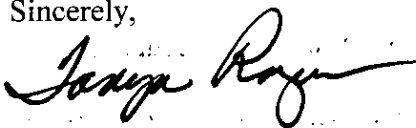
We just recently discovered that this corporation was Administratively Dissolved in September of 2001 for failure to file a Uniform Business Report. This was the first corporation that we had ever opened and were unaware of this requirement and did not receive any notices concerning this requirement. The address that we used when we incorporated was a warehouse address that we were going to be using, but the occupant decided not to vacate.

It is our understanding that because we did not receive the previous notices that the reinstatement fee will be waived. Enclosed is a check for \$300.00 to cover the fees for 2001 and 2002. We have also enclosed the Application for Reinstatement.

If there are any questions concerning this application for reinstatement, I may be reached at the phone number listed on the application.

Thank you for your assistance in this matter.

Sincerely,



Tanya Rogers
Enc. 3