

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 15 AM 9:52

DOCUMENT # P01000033808

1. Corporation Name

T & S Enterprises of Pinellas, Inc.

914 Old Village Way

2. Principal Office Address

914 Old Village Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Zip

34677

Country

USA

Zip

Country

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

5. FEI Number
59-3707858

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

04

7. Name and Address of Current Registered Agent

Name

Susan Josapak

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

914 Old Village Way

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

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

Susan Josapak

REGISTERED AGENT MUST SIGN

Date 11/10/04

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	Thomas Josapak	914 Old Village Way	Oldsmar, FL 34677
VP	Susan Josapak	914 Old Village Way	Oldsmar, FL 34677

900042752119
11/15/04--01065--010 **300.00

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:

Thomas Josapak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/04

Date

813-818-5988

Daytime Phone #

11/23/04

CR2001 (01/04)

12

November 10, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern,

Our accountant was reviewing our file and noted that our incorporation was administratively dissolved. We did not receive the paperwork to file the annual renewal as the address of record was not correct.

Since we did not receive the annual uniform business report statement nor notices, we are requesting that any penalties be abated.

Enclosed please find a check in the amount of \$300.00 (\$150.00 for 2003 and \$150.00 for 2004) for the annual renewals of the corporation.

If you should have any questions, please feel free to call me at 813-818-5988. Thanks once again for your assistance in this matter.

Sincerely yours,

Thomas Josapak