


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> <b>REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED  
04 SEP 10 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000082716

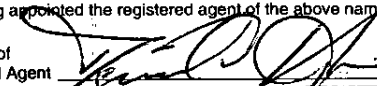
**1. Corporation Name**  
TU77KAT. INC.

<b>2. Principal Office Address</b> 5550 NW 17th Ave Suite, Apt. #, etc. City & State Miami, FL Zip 33142 Country DADE	<b>3. Mailing Office Address</b> 5550 NW 17th Ave Suite, Apt. #, etc. City & State Miami, FL Zip 33142 Country DADE
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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 8-21-01	<b>5. FEI Number</b> 65-1144391	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certified copy of State's		

<b>7. Name and Address of Current Registered Agent</b>	
Name Reginald Hope	200040961922
Street Address (P.O. Box Number is Not Acceptable) 5550 NW 17th Ave	09/10/04--01034--006 **300 00
Suite, Apt. #, Etc.	
City Miami	State FL Zip Code 33142

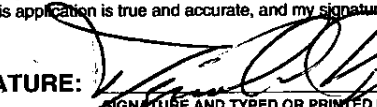
**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 9-8-04

REGISTERED AGENT MUST SIGN

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Reginald Hope	5550 NW 17th Ave	Miami, FL 33142

**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:**  **Reginald Hope** Date 9-8-04 Daytime Phone # 305-836 9558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)



**TUFFKAT, INC.**

5550 NW 17TH AVENUE  
MIAMI, FLORIDA 33142  
PHONE (305) 836-9558  
REGINALDCHANCE@MSN.COM

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

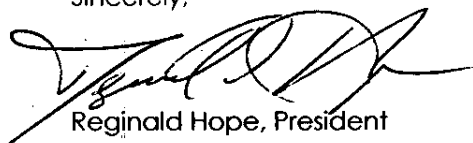
Re: Tuffkat, Inc.

Dear Sir or Madam:

The corporationn of Tuffkat Inc. did not receive an annual report form for the year of 2003. We are enclosing a check in the amount of \$300.00 as payment for reinstatement of the corporation Tuffkat, Inc.

Please also note change of address, correct mailing address is 5550 NW 17th Avenue, miami, Florida 33142.

Sincerely,



Reginald Hope, President