

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000119479

1. Corporation Name

TIDO, INC.

2. Principal Office Address

1910 WELLS RD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

J07

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

Zip
32073

Country
USA

Zip

Country

REINSTATEMENT 05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 12/17/2001

5. FEI Number
59-3760593

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

HASSAN SALAH METWALY

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

5450 HIDDEN GARDENS DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code
32258

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

Hassan metwaly

Date 10/30/06

REGISTERED AGENT MUST SIGN

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,S,T	HASSAN METWALY	5450 HIDDEN GARDENS DR	JACKSONVILLE, FL 32258

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11/07/06--01003--011 **300.0

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 contained in Chapter 119, 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:

Hassan metwaly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/06

Date

Daytime Phone #

282
Teresa Harrington

Certified Public Accountant & Financial Consultant

358 STILES AVENUE
ORANGE PARK, FL 32073
PHONE (904) 215-2256
FAX (904) 215-2258

November 2, 2006

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

Re: Tido, Inc.
59-3760593
Document #P01000119479

Dear Sir/Madam

Enclosed you will find a Corporation Reinstatement form for our client captioned above.
We respectfully request that the penalties be waived as our client did not receive any
notices in 2005 or 2006. A check for \$300 is also enclosed to pay the corporate fee.

If you have any questions please do not hesitate to contact our office.

Sincerely,



Tracy C. Whiteley
Senior Staff Accountant