PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PLEASE NEAL	ALL INO I	HOCHONS BEFORE C	OMPLETII	
CORPORATION REINSTATEMENT	S	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 03 DEC -4 PM 3: 24
DOCUMENT # PODODODIDSY 1. Corporation Name Till mans Pet world INC.				
I MANS TELL COO	1100 -		ľ	
			ocini	STATEMENT 03
2. Principal Office Address	Office Address 3. Mailing Office Address			O a r a t tank a tank a t
643 Paurotis Lan	Paurotis Lane 643 Paurotis lane			
Suite, Apt. #, etc.	etc. Suite, Apt. #, etc.			
المراجع بيسانية المراجع بيسانية المراجع بيسانية المراجع بيسانية المراجع بيسانية المراجع بيسانية المراجع بيساني			-4- Date Incorporated or Qualified To Do Business in Florida	
City & State	City & State		1 7/82	
FT. PIESCE FU	ET F	recce FL	5. FEI Number	Applied For Not Applicable
Zip Country	Zip	Country	6.	
34982 USA	3498	82 USA 1		OF STATUS DESIRED Status S8.75 Additional Fee required for a Certificate of Status
	7. N:	ame and Address of Current Registers	ed Agent	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City City Thomas Tuly State Zip Code FL 34482 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 2	OD man	ENT MUST SIGN	· <u> </u>	Date 12 1 03
9. Names and Street Addresses of Each Officer	and/or Director (Flor	rida nonprofit corporations must list at lea	ast 3 directors)	
Titles Name of Officers and/or Director	rs	Street Address of Each Officer and/or Director		City / State / Zip
Pres Thomas Till	Thomas Tillman 643 Pawroti		slane	FT. Pierce, Fl 34982
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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 filling 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				

12/11/20

December 2, 2003

To: Florida Department of State

From: Thomas Tillman

RE: Document #P02000001254

Dear Sirs:

It has come to my attention that my corporation, Tillman's Pet World, Inc., has been deactivated by the State of Florida. In researching this matter, I have learned that the Uniform Business Report was not filed.

When this company was incorporated, my attorney was listed as a registered agent. Therefore, the UBR Form was sent to his office in Melbourne, FL. No copy was sent directly to me, and my attorney failed to forward his copy. I never saw the form or even knew that there was a payment due.

Please accept the enclosed report and payment of \$150.00. It is extremely important to me that my corporation be reinstated so that I can continue my business activities. Thank you for your time and consideration.

Sincerely,

Thomas Tillman
Tillman's Pet World, Inc.