

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000009100

1. Corporation Name

TWEEDY ENTERPRISES, INC.

2. Principal Office Address
2690 DREW ST.

Suite, Apt. #, etc.

APT. 336

City & State

CLEARWATER, FL

Zip

33759

Country

USA

3. Mailing Office Address
2690 DREW ST.

Suite, Apt. #, etc.

APT. 336

City & State

CLEARWATER, FL

Zip

33759

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/14/2002

5. FEI Number
03-0373944

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

JAMES R. WARTH JR.

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

1859 N. WASHINGTON AVE.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33755-1862

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/29/2004

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
PD	TWEEDY, SCOTT L	2690 DREW ST., #336	CLEARWATER, FL 33759

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 118.07(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

SCOTT TWEEDY
PRESIDENT

4/29/2004

Date

(727) 742-9660

Daytime Phone #

REINSTATEMENT

03-04

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05/05/04--01046--009 **300.00

MRS

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

SCOTT TWEEDY
PRESIDENT

4/29/2004

Date

(727) 742-9660

Daytime Phone #

282

Scott L. Tweedy
2690 Drew Street
Apt. 336
Clearwater, FL 33759

Date: April 29, 2004

To Whom It May Concern:

Please reinstate Tweedy Enterprises, Inc. Doc. # P02000009100 and allow me to pay the \$300.00 for the annual filings that you did not receive. I did not receive the annual report notices and was unaware that I needed to send these in. I have changed my registered agent to someone who has explained the requirements and will better be able to me with my responsibilities.

Sincerely

Scott L. Tweedy, President

