

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY 21 AM 9:35

**DOCUMENT #** P02000050939

**1. Corporation Name**

H&R TOO, INC

226 29TH STREET  
226 29TH STREET

**2. Principal Office Address**  
226 29TH STREET

**3. Mailing Office Address**  
226 29TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
WEST PALM BEACH FL

**City & State**  
WEST PALM BEACH FL

**Zip**  
33407

**Country**

**Zip**  
33407

**Country**

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

05/13/2002

**5. FEI Number**  
80-0004589 011812

**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**  
REVELL, FOREST A

**Street Address (P.O. Box Number is Not Acceptable)**  
226 29TH STREET

**Suite, Apt. #, Etc.**

**City**  
WEST PALM BEACH

**State**  
FL

**Zip Code**  
33407

**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** 5/15/04

**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/D	REVELL, FOREST A	226 29TH STREET	WEST PALM BEACH FL 33407

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

5/15/04 561-827-5396

**Date**

**Daytime Phone #**

CR2001 (01/04)

## H & R TOO, INC

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225 29TH STREET  
WEST PALM BEACH, FL 33407

Tel. (561) 827-5396  
Fax (561) 820-8905  
FAR 758 @CS.COM

May 20, 2004

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ATTENTION: REINSTATEMENT DEPARTMENT  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Dear Friend,

Please accept my apology for not attaching a letter of explanation with my reinstatement application for my corporation. I didn't receive the form and my accountant didn't either. I will make sure I have something in my annual follow up files to remind me of the renewal time each year.

When I applied for my sale for resale certificate they informed me of the situation of my corporation. I contacted your office and talked with a very nice gentlemen who instructed me to go on line, download the Corporate Reinstatement form, complete it and sign, attach a check for \$300.00 and find a friend near Tallahassee who could hand deliver it to your office to expedite the reinstatement. I also included \$8.75 in addition for a Certificate of Status.

Thank you for your suggestions, assistance and great attitude during one of the most challenging and rewarding times of my life.

If you have any questions please contact me at 561-827-5396.

Sincerely,

Forest Allen Revel  
Pres./Sec./Director  
H & R Too, Inc.