PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

P02000062159 **DOCUMENT #**

1. Corporation Name

T-CLIPS, INC.

FILED

03 NOV -3 AM 9: 05

SECRETARY OF STATE FALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address					
8931 CONFERENCE DR #4 FT MYERS FL 33919		8931 CONFERENCE DR #4 FT MYERS FL 33919			
If above a	addresses are incorrect in any way, line thro	ough incorrect information ar	od enter correction below.	REINSTATEMENT	
		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida O6/05/2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number Applied For	
City & State		City & State		01-0736381 Not Applicable	
Zip	Country	Zip	Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/	or Director (Florida nonprofi	t corporations must list at lea	ast 3 directors)	
Title(s) Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		
D	KEITH, TERRY 326 SE 30) TERR	CAPE CORAL FL 33904	
	8. Name and Address of Current I	Registered Agent		200023910662 10/17/0301071025 **150,00	
		_ 	Name	18	
KEITH, TERRY 326 SE 30 TERR			Street Address (P.O. Box Number is Not Acceptable)		
CAPE CORAL FL 33904		-	Suite, Apt. #, Etc.		
			City	City State Zip Code FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.					
Signature of Registered Agent Date 10/10/03 REGISTERED AGENT MUST SIGN					
				provided for in chapter 607 or 617, F.S. I further certify that when filling	

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.

STORING PRES TERRY A. Keth 10/10/03 239 482 3040
SIGNATURE AND TYPESON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T-Clips, President Terry A. Keith 8931 Conference Dr Suite 4 Ft Myers Fl 33919

Florida Department of State Division of Corporation P O Box 6327 Tallahassee, Fl 32314

Ref: Document P02000062159

I am in receipt of your letter dated 10/21/03. I sent a letter, along with the reinstatement form, stating I never received the Annual Report Form. The letter was either detached or you have the latitude to decide that I was not telling the truth. I did not receive the Annual Report Form. When I set up this Corporation for mailing purposes I used an address where I work. As you can see on the application for reinstatement the officers address, which is me, is in Cape Coral Fl. I am the Pres, V.P., Sec, and Treasure for this corporation. I have changed the mailing address for everything to do with this corporation to my home. (Cape Coral) It never crossed my mind to change the address with The Division of Corporations. I still work at the address that was given, but now the receptionist and everyone there knows that mail for T-Clips belongs to me, Terry Keith. I truly did not receive the Annual Report Form. It would have been so easy to pay my money and return the form if I would have received the form. I called the 850.245.6059 number on the letter you sent and the gentleman I spoke to said that the form was not returned to you via U.S. mail; therefore, I must have received the form. That statement in itself is not true, just because the form was not returned to you in the mail does not mean I received the form.

Hopefully I have explained why I believe I did not receive the form, but the fact and truth of the matter is I did not receive the Annual Report Form.

I would therefore respectfully ask that the reinstatement fee be waived on the grounds the Annual Report Form was never received.

Thank you,

Terry A. Keith