

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000080316**

1. Corporation Name

**TIT FOR TAT THIS AND THAT COLLECTIBLES INCORPORATED**

Principal Place of Business

Mailing Address

12680-4 MCGREGOR BLVD  
FT. MYERS FL 33919

12680-4 MCGREGOR BLVD  
FT. MYERS FL 33919

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/22/2002

5. FEI Number

51-0414807

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Colleen Eller	515 N.E. 15th Avenue	Cape Coral, FL 33909
Vice President	DENNIS Eller	515 N.E. 15th Avenue	Cape Coral, FL 33909

100024055941  
10/23/03--01083--008 \*\*\$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELLER, COLLEEN  
515 N.E. 15TH AVENUE  
CAPE CORAL FL 33909

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Colleen Eller*  
REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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:

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

Date

Daytime Phone #

10/15/03

CR2E040 (7/03)

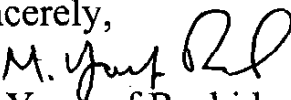
**M. YOUSSEF RASHID, C.P.A.**  
**PO BOX 60224, Fort Myers, FL 33906**  
**(941) 275-6276**

RE: Tit For Tat This and That Collectibles, Inc.  
FEIN: 51-0414807

Department of State:

I have been asked to write a letter on behalf of the above referenced taxpayer. An administrative dissolution was made due to the taxpayer not filing a uniform business report for 2003. However, the two prior notices were never received. Since this is the corporations first year in business, the officers were not aware that such a report existed. The taxpayer has since been informed that there will need to be a yearly UBR report, and will timely file such report as long as the corporation is in business. The taxpayer wants to stay in business and will timely remit all current and future taxes. The reinstatement fee of \$150.00 is enclosed. We ask that you kindly waive the late fees associated with this report and accept the corporation as active. Thank you for your assistance in this matter. Please do not hesitate to contact me if I may be of further assistance.

Sincerely,

  
M. Youssef Rashid