

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 27 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000081861**

1. Corporation Name

TOUCHPOINT TUTORING & FAMILY SERVICES, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 314~~
~~OLDSMAR FL 34677~~

P.O. BOX 514
OLDSMAR FL 34677

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

3980 Tampa Rd.

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.

City & State
Oldsmar, FL

City & State

Zip 34677 Country Pinellas

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/2002

5. FEI Number

470882623

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LAWRENCE, DIANE	413 VENTURA DR	OLDSMAR FL 34677
D	LAWRENCE, BARRY	413 VENTURA DR	OLDSMAR FL 34677

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAWRENCE, DIANE
413 VENTURA DR
OLDSMAR FL 34677

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

REGISTERED AGENT MUST SIGN

Date 10/20/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03 813-854-1736
Date Daytime Phone #

CR2E040 (7/03)

October 20, 2003

To Whom it May Concern:

We are a new company and this is our first year in business. We became incorporated through My Corporation.com and misunderstood the need for us to file this additional report with the Department of State. We received one, not two, notices prior to our notice of Administrative Dissolution. Unfortunately, we understood this filing to be covered in our documents through My Corporation.com. It was **not** our desire to be neglectful and not fulfill any obligations necessary as we do business.

I have contacted your office by phone and am aware of my need to do this in future years. We are a small tutoring and intervention practice for children without significant revenue thus far. I am pleading with you for some leniency this first filing. I have enclosed the \$150 fee and the Application for Reinstatement. If you would possibly reinstate our corporation, I would be very grateful.

We will honor our obligation to you in the future in a timely manner. If you require further information, our phone number is 813-854-1736. Thank you for your time and consideration.

Sincerely,



Diane Lawrence

President/Director of Education