2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED 1/2

05 MAY 19 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000063275

1. Entity Name
TEZ TWO, INC.

Principal Place of Business	Mailing Address
1207 N. FRANKLIN AVE. #202 TAMPA, FL 33602	1207 N. FRANKLIN AVE. #202 TAMPA, FL 33602

04182005 REIN-P CR2E098 (6/04) 04-05

2. Principal Place of Business	3. Mailing Address
17203 EQUESTRIAN TRAIL	17203 EQUESTRIAN TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ODESSA FL.	City & State: ODESS, FL.
Zip: 33556 Country: Hills	Zip: 33556 Country: Hills

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MERKLE, LEROY H JR
1207 N. FRANKLIN AVE.
#202
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: HORTEZE CLARK
Street Address (P.O. Box Number is Not Acceptable): 17203 EQUESTRIAN TRAIL
City: ODESSA FL Zip Code: 33556

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: HORTEZE CLARK DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, HORTEZE A 17203 EQUESTRIAN TRAIL ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 5/3/04 90436003 $150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HORTEZE CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To: Whom It May Concern
From: Heatsee Clark
TEZ Two INC.
17303 Equestrian Trail
Odess, FL 33556

Ref: Rejections Letter.

It has come to my Attention that Attempts were made to inform me that my 2005 For Profit Corporation Reinstatement Application had been Rejected.

This was due to blank 4 not being Filled out. The Funds were sent at the Time filing

However I did not Received Any notices informing of the Rejection

I am Requesting a waiver/Reconsideration on this Matter. Enclosed is A money order for 2005.

Thankyou
Heatsee Clark