

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 24 PM 2:34

DOCUMENT # P05000000444

1. Corporation Name

Theresa's Enterprises Inc

W08-18934

2. Principal Office Address - No P.O. Box #

2825 Williamsburg Street

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34231

Country

Sarasota

3. Mailing Office Address

2825 Williamsburg Street

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34231

Country

Sarasota

500123249485
04/14/08--01031--027 **300.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

January 3, 2005

5. FEI Number
59-3792973

☐ 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

Theresa Stevens

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

2825 Williamsburg Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Theresa Stevens

REGISTERED AGENT MUST SIGN

Date

4/7/08

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/D	Theresa Stevens	2825 Williamsburg Street	Sarasota, FL 34231
V	Grant Stevens	2825 Williamsburg Street	Sarasota, FL 34231

500123249485
05/07/08--01042--024 **150.00

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 contained in Chapter 119, 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:

Theresa Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/08

Daytime Phone #

4/25/08