

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000048729

1. Corporation Name

Clips n' Tips Inc

WI-5994

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

1532 LAND LAKES BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

SAME

City & State

LOT 2 FLORIDA

City & State

SAME

Zip

33549

Country

FLA

Zip

SAME

Country

SAME

7. Name and Address of Current Registered Agent

Name

JOAN E. COTTER

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

21351 DIAMONTE DRIVE

Suite, Apt. #, Etc.

SUITE E

City

Land o' Lakes

State

FL 34637

☒ 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

Joan E. Cotter

Date 01/21/10

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>JOAN E. COTTER</u>	<u>21351 DIAMONTE DRIVE</u>	<u>LAND O' LAKES FL 34637</u>

2.3/22

10. E-mail Address: JOAN.COTTER@GMAIL.COM

(To be used for future annual report notification)

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. I further certify, 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:

Joan E. Cotter

01/21/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #