

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 FEB -4 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 07060077925*

1. Corporation Name

TIA De Doughboy Inc.

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

3410 Miami Drive

Suite, Apt #, etc

Apt. A

City & State

Tallahassee, Fla.

Zip

92311

Country

USA

3. Mailing Office Address

Suite, Apt #, etc

City & State

Zip

Country

200193383572
02/07/11--01002--010 **1058.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7-5-2007

5. FEI Number *260563570*

~~*260563570*~~

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 *Timothy County*

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

3410 Miami Drive

Suite, Apt #, Etc

Apt. A

City

Tallahassee

State

FL

Zip Code

92311

REINSTATEMENT

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *2-4-11*

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
<i>Pres</i>	<i>Timothy County</i>	<i>3410 Miami Drive</i>	<i>Tallahassee, Florida 92311</i>

10. E-mail Address: *County Timothy @ yahoo.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-11

Date

Daytime Phone #