

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

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96 OCT -4 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000062660**

1. Corporation Name

T. FIELDS, INC.

1996
ANNUAL REPORT

Principal Place of Business

**4432 PEMBROKE RD.
HOLLYWOOD FL 33021**

Mailing Address

**4432 PEMBROKE RD.
HOLLYWOOD FL 33021**



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		4. Date Incorporated or Qualified To Do Business in Florida 09/08/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0475463	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	WILKINS, JAMES	4432 PEMBROKE RD.	HOLLYWOOD FL 33023
D	WILKINS, KAREN	4432 PEMBROKE RD.	HOLLYWOOD FL 33023
600001977836--8 -10/16/96--01127--002 ****225.00 ****225.00			

8. Name and Address of Current Registered Agent

**WILKINS, JAMES
4432 PEMBROKE RD.
HOLLYWOOD FL 33021**

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

James Wilkin
REGISTERED AGENT MUST SIGN

Date **9/24/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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

James Wilkin

9/24/96 954 9812565
Date Daytime Phone #

CR2E040 (7/96)

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9/26/96

As we discussed on 9/26/96 a check was mailed to you on 7/27/92 in the amount of \$25.00 along with the renewal form

Both the renewal form and check were mailed back to me because the form was not signed. Unfortunately I never received them.

Mrs Trevor Brumbley assured me that my corporation would not be dissolution upon receipt of this letter

Thank You for your cooperation and willingness to help with this matter.

Thank You.

James Wilkins