

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032285

1. Corporation Name

T'S TREASURE INC.

2. Principal Office Address

1521 S.W. 190 AVE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33029

Country

BROWARD

3. Mailing Office Address

1521 S.W. 190 AVE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

33029

Country

BROWARD

100024918341
11/21/03--01019--009 **150.00

03

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/94

5. FEI Number

65-0603441

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

BILLOO, ZAKARIA A.

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

1521 S.W. 190 AVE

REINSTATEMENT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

Date

11/4/03

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
P,VP,D	BILLOO, ZAKARIA A.	1521 S.W. 190 AVE	PEMBROKE PINES FL 33029

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 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:

ZAKARIA A. BILLOO

11/4/03

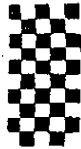
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

FROM :



FAX NO. :

May. 18 2001 08:11PM P1

2012

FAX NO. :

Nov. 04 2003 12:11AM P1

November 4, 2003

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Ref: T's Treasure Inc
2003 Corporation Annual Report.

Dear Sir/Madam:

Please find enclosed a check in the amount of \$150.00 for the annual report fee. We respectfully request that late filing fee of \$600.00 be waived, because we have moved and due to our new address, we never received the annual report.

Thank you

Sincerely Yours

Zakaria A. Billoo
President