

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

1997 DEC -1 PM 3:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000055701**

1. Corporation Name

**TWO TUTTLE, INC.**

Principal Place of Business

Mailing Address

~~4002 S. OSPREY AVENUE~~  
 SARASOTA FL ~~34236~~  
 US

~~4002 S. OSPREY AVENUE~~  
 SARASOTA FL ~~34236~~  
 US



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

~~TWO NORTH TUTTLE AVE~~

~~TWO NORTH TUTTLE AVE.~~

07/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State  
**SARASOTA, FL**

City & State  
**SARASOTA, FL**

**65-0613879**

Not Applicable

Zip **34237** Country **USA**

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6.

CERTIFICATE OF STATUS DESIRED

**\$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
P	TUROSIENSKI, PETER	<del>4002 S. OSPREY AVE</del>	SARASOTA FL
		1561 HARBOR DRIVE	SARASOTA, FL 34239
			400002364544-9 -12/05/97-01101-005 ***750.00 ***750.00
			<b>REINSTATEMENT</b> 12/11/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ICARD, MERRILL, CULLIS, ET AL, P.A.  
 2033 MAIN ST  
 SUITE 600  
 SARASOTA FL 34237

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

REGISTERED AGENT MUST SIGN

Date **11/05/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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

Date

Daytime Phone #

CR20040 (8/97)