PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 26 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000063072

1. Corporation Name

Tee-Nee Bikini, Inc.

Principal Place of Business	Mailing Address
~~340 Royal Palm Way~~ ~~Palm Beach, FL 33480~~	

97-99 AR

REINSTATEMENT

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
1140 N. E. Flagler Drive	
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State Fort Lauderdale, FL	City & State
Zip: 33304 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
8/15/95

5. FEI Number
59-3564365

6. CERTIFICATE OF STATUS DESIRED ☐ Applied For ☐ Not Applicable

$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/D	David Mitchell	1140 N.E. Flagler Drive	Fort Lauderdale, FL 33304

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-04/05/99--01130--009
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Frank T. Pilotte
340 Royal Palm Way
Palm Beach, FL 33480

9. Name and Address of New Registered Agent

Name: George P. Ord
Street Address (P.O. Box Number is Not Acceptable): 340 Royal Palm Way
Suite, Apt. #, Etc: Suite 100
City: Palm Beach
State: FL Zip Code: 33480

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: [signature] REGISTERED AGENT MUST SIGN

Date: 3/16/99

11. This corporation owes 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] David B Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/24/99

Daytime Phone #: 954-763-1117

CR2E031 (12/98)