1 OF 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 FEB -6 PM 12:44

CORPORATION REINSTATEMENT

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

98.2002 UBR

DOCUMENT # p97000063291

1. Corporation Name

Mr. T's, Inc.

2. Principal Office Address	**3.** Mailing Office Address
3121 Navy Blvd	3115 Marcus Pt Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32505 Country: USA	Zip: 32505 Country: USA
Escambia	Escambia

4. Date Incorporated or Qualified To Do Business in Florida: 9-01-97

5. FEI Number: 59-3458734 ☐ 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: Terry Thomas

900004931733--0
-02/15/02--01071--005
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 3115 Marcus Pt Blvd

Suite, Apt. #, Etc.:

City: Pensacola State: FL Zip Code: 32505

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: Terry L Thomas (REGISTERED AGENT MUST SIGN) Date: 1-30-02

CR2E081 (9/01)

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/T/S/D	Terry Thomas	3115 Marcus Pt Blvd	Pensacola, FL 32505

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: Terry L Thomas 1-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2052

Member Florida Institute of
Certified Public Accountants
Member American Institute of
Certified Public Accountants

Katherine X. Wilborn, CPA

6012 Tippin Avenue
Pensacola, FL 32504

February 4, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Mr. T's DBA/ Lookers
59-3458734

Ladies and Gentlemen:

Enclosed is the application for corporation reinstatement and check for $750. We respectfully request abatement of additional penalties on this application, as the officer or director never received the notices. Michelle Milligan made verification of this at the Department of State office in Tallahassee on the 30th of January 2002.

Thank you for your assistance in this matter.

Sincerely,

Katherine X. Wilborn
Certified Public Accountant

Voice 850-476-0042 • Fax 850-476-0043 • E-mail: kxwcpa@bellsouth.net