

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P97000063674**

1. Corporation Name

**TOMMY TUNE, INC.**

Principal Place of Business

855 SOUTH FEDERAL HIGHWAY  
BOCA RATON FL 33433

Mailing Address

855 SOUTH FEDERAL HIGHWAY  
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/1997

5. FEI Number

65-0768486

Applied For

Not Applicable

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	4 City / State / Zip
DP	KABASHI, TUNE	23122-3 ISLAND VIEW DRIVE	BOCA RATON FL 33433
VPD	BOSCO, MARIA	855 S FEDERAL HWY 115	BOCA RATON FL 33433

100003496411--3  
-12/12/00--01019--017  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

WARM, STEVEN ESQ  
2101 CORPORATE BOULEVARD  
BOCA CORPORATE CENTER #215  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

11/21/00

11. 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

10/19/00 (561) 338 9692

Date

Daytime Phone #

KE

FILED  
00 NOV 29 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

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CR2ED40 (8/00)