

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 20 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080806

1. Corporation Name

TRADE ONLY DESIGN LIBRARY, INC.

2. Principal Office Address

617 A CLEVELAND ST.

Suite, Apt. #, etc.

21

City & State

CLEARWATER, FL

Zip

33755

Country

USA
PINELAS

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

City & State

Zip

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

59-3468357

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

STACEY TIVERON

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

505 N. JEFFERSON AVE.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33755

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 12/16/04

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
MS.	STACEY TIVERON	505 N. JEFFERSON AVE. CLEARWATER, FL. 33755	CLEARWATER FL. 33755

470043538804
12/20/04--01072--018 **300.00

12/16/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/04

Date

729.441.2060

Daytime Phone #

CR2E081 (01/04)

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

December 16, 2004

Re: Reinstatement of Corporation Status

Dear Sir or Madam:

I was just called by my accountant this morning and told that he just found out (when looking something up on your website) that our corporation status had been dissolved.

I was not aware of this as I have not received any notices to this effect. This company has been in business since 1997 and I would have never let our corporate status expire knowingly.

I am requesting that the reinstatement fee be waived due to the fact that I never received any notices of pending dissolution.

I am enclosing a check for \$300 to cover 2003 (\$150) and 2004 (\$150) along with the reinstatement application. I will consider the cashed check as confirmation of our reinstatement per your application guidelines.

Should there be any questions, please feel free to contact me during the day at 727-441-2060.

Thank you very much for your assistance.

Best Regards,



Stacey Tiveron
Trade Only Design Library, Inc.
617A Cleveland St. Suite 21
Clearwater, FL 33755

727-441-2060 ph
727-441-2065 fax