

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC07000089372

1. Corporation Name

T3T Hudson Associates, Inc

2. Principal Office Address

16057 Tampa Palms Blvd #173
Suite, Apt. #, etc. Tampa Florida 33647

3. Mailing Office Address

16057 Tampa Palms Blvd #173
Suite, Apt. #, etc. Tampa FL 33647

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 09-2000

4. Date Incorporated or Qualified To Do Business in Florida 10-16-1997

5. FEI Number

59-3472677

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

Hudson W. Thomas

800003170428-3

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

16057 Tampa Palms Blvd

-03/15/00--01012--004

****900.00 ****900.00

Suite, Apt. #, Etc.

Tampa FL 33647

City

State
FL

Zip Code

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

Walter Thomas Hudson

REGISTERED AGENT MUST SIGN

Date Sept 27/99

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
<u>D</u>	<u>Walter Thomas Hudson</u>	<u>16057 Tampa Palms Blvd #173</u>	<u>Tampa FL 33647</u>

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:

Walter Thomas Hudson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 29, 2000

Date

Daytime Phone #

CR2E081 (9/99)