

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pre 12

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000000935**

1. Corporation Name

TINY TOTS ENTERPRISES, INC.

Principal Place of Business

1500 NORTH STATE ROAD 7
UNIT 21
MARGATE FL 33063

Mailing Address

3500 GALT OCEAN DRIVE
117
FORT LAUDERDALE FL 33308

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

01/06/1998

5. FEI Number

65-0809748

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BURTON, KAREN Z	1500 NORTH STATE ROAD 7, UNIT 21	MARGATE FL 33063
STD	ELIZUR, NAOMI	1500 NORTH STATE ROAD 7, UNIT 21	MARGATE FL 33063

02 UBR

700008628997
10/28/02--01098--018 **150.00

8. Name and Address of Current Registered Agent

BURTON, KAREN
1500 N. STATE ROAD 7
UNIT 21
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

Karen Z Burton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02
Date

954 971-1109
Daytime Phone #

CR2E040 (8/02)

DOUGLAS W. WILLIAMS

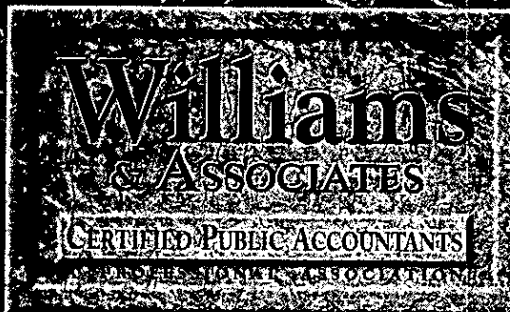
Certified Public Accountant since 1989

Member:

American Institute of Certified Public Accountants

Florida Institute of Certified Public Accountants

Board of Directors, Greater Plantation Chamber of Commerce



7900 Nova Drive, Suite 207

Davie, Florida 33324

Telephone: (954) 475-1500

Fax: (954) 475-1492

e-mail: doug@williamsaa.com

www.williamsaa.com

WE MEASURE OUR SUCCESS BY YOUR SUCCESS

To ensure your success:

October 23, 2002

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

Re: Tiny Tots Enterprises, Inc.
2002 UBR
P98000000935

The taxpayer did not receive the original UBR and was not aware of the need to file until the attached was received. The taxpayer has had multiple mail delivery problems. The taxpayer and several neighbors have routinely complained to the United States Postal Service. The mail delivery problem persists.

Enclosed is the taxpayer's payment in the amount of \$150.

Thank you for your cooperation and understanding.

Douglas W. Williams, CPA

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For your convenience:

- ✓ On-site visits
- ✓ On-line availability
- ✓ Appointments to accommodate your busy schedule
- ✓ Direct access to associates
- ✓ Calls returned promptly
- ✓ No charge for quick-query calls
- ✓ Bundling of services billing