

BD1000013717 3 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -2 PM 5:12

DOCUMENT # P98000063983

1. Corporation Name

Tommy's Cutting Service, Inc

Principal Place of Business

Mailing Address

*2270 W 8th COURT
HIAWATHA, FL 33010*

REINSTATEMENT 19-01

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07-21-98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0855311

Applied For

Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>P/D</i>	<i>TOMAS J. VARGAS</i>	<i>2270 W. 8th COURT HIAWATHA, FL 33010</i>	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*TOMAS J. VARGAS
2270 W. 8th COURT
HIAWATHA, FL 33010*

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.

Signature of Registered Agent

Tom Vargas

REGISTERED AGENT MUST SIGN

Date

01/30/01

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes

No

(See other side for information on intangible tax.)

12. 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:

Tom Vargas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01

Date

Daytime Phone #

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CFE2000-1-001

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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(((H01000013717 3)))

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To: Division of Corporations
Fax Number : (850)922-4004

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

TOMMY'S CUTTING SERVICE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,058.75