

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



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

FILED

99 NOV -4 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/16/99--01050--005
***150.00 ***150.00



DOCUMENT # P98000082714

1. Corporation Name

TOM TUCKER, INC.

Principal Place of Business

Mailing Address

8455 N.W. 29TH COURT
CORAL SPRINGS FL 33065

8455 N.W. 29TH COURT
CORAL SPRINGS FL 33065

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1998

5. FEI Number

65-0871723

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTD	TUCKER, TOM	10301 NORTHWEST 35TH STREET	CORAL SPRINGS FL 33065

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

TOM TUCKER

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

9147 RAMBLEWOOD DR.

Suite, Apt. #, Etc.

#228

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

Thomas M. Tucker REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-1-99

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:

Thomas M. Tucker REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-1-99

Daytime Phone #

KE

CR2040 (8/99)

2

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #212
Boca Raton, FL 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professional

November 1, 1999

Division of Corporation
P.O. box 1500
Tallahassee, FL 32302-1500

Ref: Tom Tucker, Inc.
Annual report

Dear Sirs,

The above referenced corporation has never received the annual report before that time. Please accept this application along with the check in the amount of \$150.00 for the filing fees. Although the registered agent never informed me about receiving any annual reports before.

Correct Address: 8455 N.W 29th Court
Coral Springs, FL 33065

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely yours,


Andre K. Kattoura