

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
**Mar 13, 2003 8:00 A.M.**  
**Secretary of State**

**DOCUMENT #**

1. Corporation Name

MR. CHEAP O SAVABUCK, INC.

**REINSTATEMENT** CW-03

2. Principal Office Address

401 S. DALE MABRY  
Suite, Apt. #, etc.

3. Mailing Office Address

205 122<sup>nd</sup> Ave (West)  
Suite, Apt. #, etc.

300014062033

03/13/03--01042--027 \*\*1208.75

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33609 USA

Zip

33612 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/14 99

5. FEI Number

59-3552154

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

RICHARD ADDISON

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

205 W 122<sup>nd</sup> Ave

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3-10-03

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
P	RICHARD ADDISON	205 - 122 <sup>nd</sup> Ave.	TAMPA, FL 33612
S	Kimberly Addison	205 W. 122 <sup>nd</sup> Ave.	TAMPA, FL 33612

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03 (813) 992-

Date

Daytime Phone #

5821

CR2E031 (9/01)