

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG -6 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000019816

1. Corporation Name

TUESDAY CORPORATION

200004547492--9

-08/21/01--01068--031

***900.00 ***900.00

2. Principal Office Address

HC1, Box 531-A

3. Mailing Office Address

HC1, Box 531-A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bunnell, FL

City & State

Bunnell, FL

Zip

32110

Country

Flagler

Zip

32110

Country

Flagler

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

37-5349370

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$575 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Timothy J. Conner

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

Florida Park Drive, North

Suite, Apt. #, Etc.

Suite 110

City

Palm Coast

State

FL

Zip Code

32137

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

REGISTERED AGENT MUST SIGN

Date 7.23.01

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/D	John P. Seibel	HC1, Box 531-A	Bunnell, FL 32110
B/T/D	Charles R. Faulkner	1 Corporate Dr., #3	Palm Coast, FL 32151
			LS

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

7.20.01

Date

Daytime Phone #

904.445-9322

CR2E081 (8/00)