


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000019816
1. Corporation Name TUESDAY CORPORATION

2. Principal Office Address HC1 Box 531-A Suite, Apt. #, etc.		3. Mailing Office Address HC1 Box 531-A Suite, Apt. #, etc.	
City & State Bunnell, Florida		City & State Bunnell, Florida	
Zip 32110	Country Flagler	Zip 32110	Country Flagler

REINSTATEMENT 0205

4. Date Incorporated or Qualified To Do Business in Florida 03-01-1999	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 375349370	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 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) 2 Jungle Hut Road.		200060012652 09/27/05--01051--007 **125.50
Suite, Apt. #, Etc. Suite 1		
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 

Date 9.21.05

REGISTERED AGENT MUST SIGN

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
PD	John P. Seibel	HC1 Box 531-A	Bunnell, Florida 32110
STD	Charles R. Faulkner	139 Palmette Avenue	Flagler Beach, Florida 32136

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/05 386-439-3011
Date Daytime Phone #