

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**00-010UBR**

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

DOCUMENT # **PP01000023846**

1. Corporation Name **TEPE ENTERPRISES, INC.**

2. Principal Office Address <b>311 Centre Street</b> Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Fernandina Beach, Florida</b> Zip <b>32034</b> Country <b>Nassau</b>	3. Mailing Office Address <b>311 Centre Street</b> Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Fernandina Beach, Florida</b> Zip <b>32034</b> Country <b>Nassau</b>
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**FILED**

**01 FEB -2 AM 10:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **XX** Applied For **XX** 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 **Robert L. Peters** **600003655648-6**

Street Address (P.O. Box Number is Not Acceptable) **311 Centre Street** **02/07/01-01038-002**  
**\*\*\*\*308.75 \*\*\*\*308.75**

Suite, Apt. #, Etc. **Suite 204**

City **Fernandina Beach** State **FL** Zip Code **32034**

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 **1/31/01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Harry Trevett	402 Centre Street	Fernandina Beach, FL 32034

**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)(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

Date

Daytime Phone #

2062

*Robert Peters*  
*Attorney-At-Law*

311 Centre Street, Suite 204  
Fernandina Beach, FL 32034  
Telephone (904) 491-0838  
Facsimile (904) 261-6766

February 1, 2001

Division of Corporations  
Annual Reports/Reinstatement  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

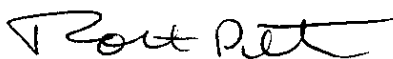
Dear Sir or Madam:

I am the registered agent for many Florida corporations. Jorj, Inc., Nassau Commercial Properties LLC, Nassau Rural Properties LLC and many more and I have never failed to submit an annual report.

I did not receive an annual report on Tepe Enterprises, Inc. I do not know if the U.S. mail failed or what, but I never received the report and therefore never mailed it in.

I am asking you to waive the reinstatement fees and accept the enclosed minimum of \$300 plus \$875 for a certificate of status.

Sincerely,



Robert L. Peters

RLP/jkw