

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 18 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000024281

1. Corporation Name

TEES & CUES, INC.

Principal Place of Business

600 MACGLENROSS DRIVE
OVIEDO FL 32765

Mailing Address

600 MACGLENROSS DRIVE
OVIEDO FL 32765



REINSTATEMENT

2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

745 ORIENTA AVE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1011

City & State

Altamonte Springs

City & State

Zip

Country

Zip

Country

32701

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1999

5. FEI Number

59-3567564

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
PRES. Sections Director	WARREN E. BONETT	837 Palmetto Terrace OVIEDO, FL 32765	OVIEDO, FL 32765

000003458050--6
-11/09/00--01018--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BONETT, WARREN E
600 MACGLENROSS DRIVE
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name WARREN E. BONETT
Street Address (P.O. Box Number is Not Acceptable)
837 Palmetto Terrace
Suite, Apt. #, Etc.
City OVIEDO State FL Zip Code 32765

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

NO SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/16/00

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:

WARREN E. BONETT 10/16/00 467-331-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #