

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 12 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000024281**

1. Corporation Name

Tees & Cues, Inc.

2. Principal Office Address

837 Palmetto Terrace

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip

32765

Country

USA

3. Mailing Office Address

837 Palmetto Terrace

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip

32765

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/11/1999

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. Name and Address of Current 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

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

Warren E. Bonett

Date 2/6/2003

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
PSTD	Warren E. Bonett	837 Palmetto Terrace	Oviedo, FL 32765

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:

Warren E. Bonett

Warren E. Bonett

02/06/2003 321-231-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (10/02)



745 Orienta Avenue
Altamonte Springs, FL 32701
(407) 331-8300 Fax: (407) 331-3917 Email: teescues@cfl.rr.com

February 6, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Waiver of reinstatement fee

Enclosed you will find an application for corporate reinstatement as well as a check for \$458.75 covering the fees from previous years as well as a certificate of status.

Also, I am asking for a waiver of the reinstatement fee. The reason I have not filed is because I have not received the annual report as it has been going to an incorrect address. When I changed my address previously with the state, apparently the principal address was updated, but the mailing address was not.

I would greatly appreciate consideration of this request.

Sincerely,

A handwritten signature in cursive script, appearing to read "Warren Bonett".

Warren Bonett
Owner
Tees & Cues, Inc.