

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
01 JAN -3 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000036795

1. Corporation Name

T.Y.C. TWO, INC.

2. Principal Office Address

6175 NW 153 STREET

Suite, Apt. #, etc.

Suite 230

City & State

Miami Lakes, Florida

Zip

33014

Country

USA

3. Mailing Office Address

6175 NW 153 STREET

Suite, Apt. #, etc.

Suite 230

City & State

Miami Lakes, Florida

Zip

33014

Country

USA

REINSTATEMENT 99-00

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

4-22-99

SP

5. FEI Number

☒ 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

WILLIAM A. NESBITT

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

C/O The Nesbitt Company / 16754 N Miami Avenue

Suite, Apt. #, Etc.

City

North Miami Beach,

State

FL

Zip Code

33169

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

Nov. 21, 2000

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
DPS	WILLIAM A. NESBITT	C/O The Nesbitt Company 16754 N Miami Beach	N Miami Beach, FL 33169

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

Date

Daytime Phone #

CR2E081 (9/99)