

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR REINSTATEMENT

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

FILED

00 OCT 26 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000049570

1. Corporation Name

TWO NATIVES, INC.

Principal Place of Business

Mailing Address

3945 MORNINGSIDE CT., #77
PALM HARBOR FL 34684-4344

P.O. BOX 1293
PALM HARBOR FL 34684

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~1778~~ 3915 LK. ST. GEORGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

Zip 34684

Country USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1999

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES. & OWNER	HILARY A. HARGREAVES	3915 LK ST. GEORGE DR.	PALM HARBOR FL 34684
SEC.	DAVID B. HARGREAVES	3915 LK ST. GEORGE DR.	PALM HARBOR FL 34684

8. Name and Address of Current Registered Agent

HARGREAVES, DAVID B
3945 MORNINGSIDE CT., #77
PALM HARBOR FL 34684-4344

9. Name and Address of New Registered Agent

Name - HILARY HARGREAVES
Street Address (P.O. Box Number is Not Acceptable)
3915 LAKE ST. GEORGE DR.
Suite, Apt. #, Etc.
PALM HARBOR, FL 34684
City FLORIDA
State FL Zip Code 34684

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

Hilary Hargreaves
REGISTERED AGENT MUST SIGN

Date

10/15/00

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

Hilary Hargreaves
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HILARY HARGREAVES

10/15/00
Date

727-789-629.
Daytime Phone #

2 of 2

October 15, 2000

Department Of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

This letter is in regard to the Notice of Administrative Dissolution we received concerning our Corporation, Two Natives, Inc. Our records show that we issued a check in the sum of \$150.00 on March 25, 2000. In a recent call to your offices we were told that the check had been received and cashed, however the reason for the dissolution was failure to file a form recording our officers and other related information. In addition the person I spoke with said that we had been sent 2 notices regarding this oversight. To my knowledge we have not received any notices until this final one informing us that our corporation had been dissolved. We know for a fact that we included the necessary form along with the check as they were both in the same envelope.

Enclosed is the completed application for reinstatement. We have not included a second check as it is our opinion that the oversight was on your end. Please inform us of what actions must be taken to resolve this situation.

Sincerely,

A handwritten signature in cursive script, reading "Hilary Hargreaves". The signature is written in dark ink and is positioned above the printed name.

Hilary Hargreaves