

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Tammie Harris
Secretary of State
DIVISION OF CORPORATIONS

198
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061021

1. Corporation Name

TILLIE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1802 RED DANDY DR
ORLANDO FL 32818

1802 RED DANDY DR
ORLANDO FL 32818

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3578511

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TILLIE, FREDDIE L	1802 RED DANDY DR	ORLANDO FL 32818

100003485541--0
-12/05/00--01011--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TILLIE, FREDDIE L
1802 RED DANDY DR
ORLANDO FL 32818

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)



Better Business Services, Inc.

Bookkeeping • Payroll Processing • Income Tax Preparation

October 31, 2000

Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314-6327

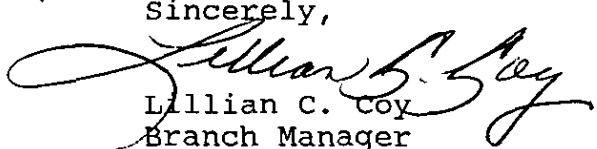
Re Tillie Enterprises, Inc.

This is in regard to Tillie Enterprises, Inc. and his reinstatement. Mr. Tillie says he never received the first annual report and is asking that he be reinstated for the \$150.

His wife died suddenly this year and perhaps the first one was thrown out with all the confusion.

Anything that might be done to help him, would be greatly appreciated.

Sincerely,


Lillian C. Coy
Branch Manager

"The Best In Bookkeeping Services"

1621 E Hillcrest • Orlando, Florida 32803-4809 • (407) 896-2481 • Fax (407) 896-2526