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(Cit	ty/State/Zip/Phone	? #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Cilina Officen	
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

SUBJECT: TIS Restals (Name of Corporation)
DOCUMENT NUMBER: P99000C/572
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
Tas Restas (Name of Firm/Company)
4314 HARTFORD ST TOMOS (Address)
FL 37619 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (9/3) 247 3178 (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

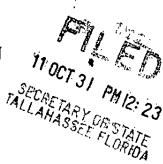
Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



1, JOSEPH TRAIS	, hereby resign as Director
·	(Title)
of T+S Restal	ame of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
flor Ja	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314