

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Nathan Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 NOV -2 PM 12:42	
DOCUMENT # P 99000078471			
1. Corporation Name <i>TIDE AND TIGER, INC</i>			
2. Principal Office Address <i>2215 BUENA VISTA DR</i> Subs., Apt. #, etc.	3. Mailing Office Address <i>2215 BUENA VISTA DR</i> Subs., Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida <i>SEPTEMBER 20, 1999</i>	
City & State <i>CLEARWATER, FL</i>	City & State <i>CLEARWATER, FL</i>	5. FEI Number <i>593593676</i>	
Zip <i>33764</i>	Country <i>PINELLAS</i>	Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐			
7. Name and Address of Current Registered Agent			
Name <i>PRESTON THOMPSON</i>			
Street Address (P.O. Box Number is No. Acceptable) <i>2215 BUENA VISTA DR.</i>			
Subs., Apt. #, Etc. 			
City <i>CLEARWATER</i>			
State <i>FL</i>			
Zip Code <i>33764</i>			
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 <i>[Signature]</i> Date <i>OCT. 31, 2001</i>			
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PRES</i>	<i>PRESTON THOMPSON</i>	<i>2215 BUENA VISTA DR</i>	<i>CLEARWATER, FL 33764</i>
<i>SECY</i>	<i>JUDY THOMPSON</i>	<i>2215 BUENA VISTA DR</i>	<i>CLEARWATER, FL 33764</i>
<i>TREAS</i>			
SP			
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)(d), 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: <i>[Signature]</i> <i>Preston Thompson</i> <i>10-31-01</i> <i>787-524-1199</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

October 31,2001

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Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee,Florida 32314

To Whom it May Concern,

Per our telephone conversation today with your department,we are requesting immediate re-instatement of our corporation and the wavier of the fee. Please see the enclosed completed form.

Due to our move last October,the notice for renewal was never received by us for processing. We are enclosing our check in the amount of \$150.00 per the instructions we were given over the telephone today. We would very much appreciate your prompt attention to this request for re-instatement.

If you have any questions or need additional information please call us collect (727-524-1199).

Thank you for your help and co-operation.

Regards,


Preston Thompson,President
Tide and Tiger,Inc. D.B.A. Gasoline Alley Café
2215 Buena Vista Drive
Clearwater,Florida 33764