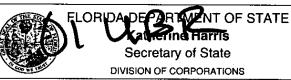
APPLICATION FOR REINSTATEMENT



DOCUMENT # **P99000078932**

1. Corporation Name

TEETIME OF FORT LAUDERDALE, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

SEGRETARY OF STATE DIVISION OF CORPORATIONS

01 OCT 18 PM 7: 27

3033 NE 32 AVE FORT LAUDERDALE FL 33308			3100 NW 46TH STREET. #103 FORT LAUDERDALE FL 33309					
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 Incom	porated or Qualified	
						Date Incorporated or Qualified To Do Business in Florida 09/03/1999		
Suite, Apr. #, etc.				Suite, Apt. #, etc.			er	Applied For
City & State			City & State	City & State			65-0945534	Not Applicable
Zip		Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Ac	dresses of Each Officer and	l/or Director (Flo	rida nonprof	it corporations must list at lea	ast 3 directors)		J
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City	// State / Zip
D	HUNTINGTON, KIMBERLY ANN			3100 NW 46TH STREET, #103			FORT LAUDERDALE FL 33309	
						UI	-10/31/01-	14301 01067009 00 ****150-00
	8 Nam	e and Address of Current	Degletered Acc	· ·		Q Name and	Address of New Posints	
8. Name and Address of Current Registered Agent HUNTINGTON, KIMBERLY-ANN 3100 NW 46TH STREET, #103 FORT LAUDERDALE FL 33309 10. I, being appointed the registered agent of the above named corypration, am familiar w					Suite, Apt. #, Etc.	O. Box Number		State Zip Code
Signature o Registered	of Agent		EGISTERED AG	ENT MUST	Sign		Date	AD
11. I certify	that I am an o	fficer or director or the rece	iver or trustee em	powered to	execute this application as pr	rovided for in cha	apter 607 or 617, F.S. I fur	ther certify that when filing

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

Date

Daytime Phone #

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

Contino & Weinstock Associates, Inc.

7540 NW 5th Street Ste 1, Plantation, Fl 33317 Office (954)791-2911, Fax (954)791-7160

October 15, 2001

Department of State

P.O. Box 6327:

Tallahassee, Florida 32314

RE: Taxpayer Identification Number: 65-0945534

Teetime of Fort Lauderdale 3033-N.E. 32nd Avenue Fort Lauderdale, Fl

Dear Division of State;

This correspondence to inform you that I did not receive the original form mailed from your office. After talking to your corporate customer service I have enclosed the check as requested.

Please, note that I have always respected your time schedule and abided with your policies. I hope you can reinstate and remove any penalties that my company has incurred.

Sincerely,

Kimberly Huntington President