


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000087540			
1. Corporation Name Tea by the Sea Inc			
2. Principal Office Address 2500 Hwy 98 West Suite, Apt. #, etc.		3. Mailing Office Address 2500 Hwy 98 West Suite, Apt. #, etc.	
City & State Mary Esther, FL		City & State Mary Esther, FL	
Zip 32569	Country USA	Zip 32569	Country USA

FILED

04 JAN 13 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100026860451
01/13/04--01073--012 **450.00

4. Date Incorporated or Qualified To Do Business in Florida May 2000	
5. FEI Number 59-3600114	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name HEATHER J POHLMANN		
Street Address (P.O. Box Number is Not Acceptable) 2500 Hwy 98 West Suite, Apt. #, Etc.		
City MARY ESTHER	State FL	Zip Code 32569

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

H Pohlmann

Date 01/08/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HEATHER J POHLMANN	2956 PGA BLVD	NAVARRE, FL 32566
VP	CHARLES R POHLMANN	2956 PGA BLVD	NAVARRE, FL 32566

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)(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:

H Pohlmann

H POHLMANN

Date

01/08/04

Daytime Phone #

850 581 3966

CR2001 (10/02)