

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT 31 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000090567

1. Corporation Name

TANDY ENTERPRISES, INC.

Principal Place of Business

350 PALM ISLAND SE
CLEARWATER FL 33767

Mailing Address

350 PALM ISLAND SE
CLEARWATER FL 33767

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3660 East Bay Drive

Suite, Apt. #, etc.

222

City & State

Largo, FL

Zip

33771

Country

USA

3. New Mailing Office Address, If Applicable

3660 East Bay Drive

Suite, Apt. #, etc.

222

City & State

Largo, FL

Zip

33771

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1999

5. FEI Number

59-3618216

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LITTLE, TANDY D	350 PALM ISLAND SE	CLEARWATER FL 33767
		3660 East Bay Drive #222	Largo, FL 33771
			100003472881--5 -11/21/00--01075--020 ****750.00 ****750.00
		REINSTATEMENT	00 1 TS

8. Name and Address of Current Registered Agent

LITTLE, TANDY D
350 PALM ISLAND SE
CLEARWATER FL 33767

9. Name and Address of New Registered Agent

Name

Little, Tandy D

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

3660 East Bay Drive

Suite, Apt. #, Etc.

222

City

Largo

State

FL

Zip Code

33771

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
REGISTERED AGENT MUST SIGN

Date 10/18/2000

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

10/18/2000
Date

(727) 424-1002
Daytime Phone #