


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102511

1. Corporation Name

TWO NOLES, INC.

Principal Place of Business

Mailing Address

15201 ROOSEVELT BLVD  
SUITE 106  
CLEARWATER FL 33760

15201 ROOSEVELT BLVD  
SUITE 106  
CLEARWATER FL 33760

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 Incorporated or Qualified  
To Do Business in Florida

11/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3610384

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	BENJAMIN Nichols	5802 Schooner way TAMPA FL 33615	TAMPA, FL 33615
Vice President	Christine Z. Nichols	5802 Schooner way	TAMPA, FL 33615
			500003449085--9 -11/02/00--01078--006 ****750.00 ****750.00
			REINSTATEMENT 10-17-00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NICHOLS, BEN  
5802 SCHOONER WAY  
TAMPA FL 33615

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Oct 17, 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  
Benjamin Nichols

Date

10-17-00

Daytime Phone #

727 524  
3033

CR2E040 (8/00)