

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 25 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102511

1. Corporation Name

TWO NOLES, INC.

Principal Place of Business

15201 ROOSEVELT BLVD
SUITE 106
CLEARWATER FL 33760

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1999

5. FEI Number

59-3610384

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
P	NICHOLS, BENJAMIN	5802 SCHOONER WAY	TAMPA FL 33615
VP	NICHOLS, CHRISTINE Z	5802 SCHOONER WAY	TAMPA FL 33615

7000008596067
10/25/02--01076--020 **150.00

10/13/02

8. Name and Address of Current Registered Agent

NICHOLS, BEN
5802 SCHOONER WAY
TAMPA FL 33615

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/19/02

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

10/19/02

Date

727-524-3033

Daytime Phone #



THE COVER STORY, INC

"Distinctive Linens for Special Moments"

Suite 106, 15201 Roosevelt Boulevard

Clearwater FL 33760

727-524-3033/Fax: 727-524-0083

E Mail: Tstory@tampabay.rr.com

Toll Free: 1-877-345-1400

TO : FLORIDA DEPARTMENT OF STATE

MY COMPANY TWO NOLES, INC # P99000102511. NEVER TO MY KNOWLEDGE
RECEIVED ANY UBR NOTICES.

THANK YOU FOR YOUR UNDERSTANDING ON THIS MATTER
BENJAMIN NICHOLS / PRESIDENT