PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -9 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 82-05

DOCUMENT # 530954

1. Corporation Name
TBS Systems, Inc.

2. Principal Office Address: 2208 Sherbrook Dr.
Suite, Apt. #, etc.:
City & State: Valrico, FL
Zip: 33594-5320
Country:

3. Mailing Office Address: 2208 Sherbrook Dr.
Suite, Apt. #, etc.:
City & State: Valrico, FL
Zip: 33594-5320
Country:

CR2E081 (8/05)
T. Roberts DEC 09 2005

4. Date Incorporated or Qualified To Do Business in Florida: 4/6/1977

5. FEI Number: 59-1739106 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: Stanley S. Kolski
Street Address (P.O. Box Number is Not Acceptable): 17602 Fallowfield Dr.
Suite, Apt. #, Etc.:
City: Lutz State: FL Zip Code: 33549

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12/13/05--01048--004 **332.25
$332.25

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: [signature] Date: 12/7/05
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
D	Bobby J. Bishop	18001 Richmond Place Dr. #1011	Tampa FL 33647
VD	Terry D. Olive	2208 Sherbrook Dr.	Valrico FL 33594
D	Stanley S. Kolski	17602 Fallowfield Dr	Lutz, FL 33549

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: [signature] Bobby J Bishop 12/7/05 (813) 433-6015 (cell)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #