

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 19 AM 11:28

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P99000110990**

1. Corporation Name

T&G INVESTMENT PARTNERS, INC.

Principal Place of Business

Mailing Address

7131 GRAND NATIONAL DRIVE
 SUITE 106
 ORLANDO FL 32819

7131 GRAND NATIONAL DRIVE
 SUITE 106
 ORLANDO FL 32819

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

12/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3615114

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

REINSTATEMENT *KE*

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
D	GONZALEZ, RICARDO H	7131 GRAND NATIONAL DRIVE	ORLANDO FL 32819
D	WRIGHT, MICHAEL T	7131 GRAND NATIONAL DRIVE	ORLANDO FL 32819
D	GRABOSKY, DAVID M	7131 GRAND NATIONAL DRIVE	ORLANDO FL 32819

50003447015--8
 --11/01/00--01058--003
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOODS, JONATHAN D
 15 WEST CHURCH STREET
 SUITE 201
 ORLANDO FL 32801

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

Date

10-16-00

REGISTERED AGENT MUST SIGN

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

Date

10-16-00

Daytime Phone #

KE

CR2E040 (8/00)