

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000110990**

1. Corporation Name

T&G INVESTMENT PARTNERS, INC.

Principal Place of Business

**7131 GRAND NATIONAL DRIVE
SUITE 106
ORLANDO FL 32819**

Mailing Address

**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

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

12/20/1999

5. FEI Number

59-3615114

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)

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

500003447015--8
11/01/00-01058-003
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

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

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.

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-00

Daytime Phone #

KE

FILED

00 OCT 19 AM 11:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT **W**

CR2040 (8/00)