

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -3 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **362618**

1. Corporation Name

FORMER TPH COMPANY, INC.

2. Principal Office Address:

8383 Bay Center Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

3. Mailing Office Address

20 River Road

Suite, Apt. #, etc.

City & State

Bogota, NJ

Zip

07603

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/14/1970

5. FEI Number

59-1291014

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

David Miller

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

8383 Bay Center Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

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]

REGISTERED AGENT MUST SIGN

Date

5/18/04

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
V.P.D.	W. Reed Atkins	20 River Road	Bogota/NJ/07603
PD	Joe York	20 River Road	Bogota/NJ/07603

000037633980

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

Daytime Phone #

CR2E081 (10/02)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 691486 4802598

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 900.00

ORDER DATE : May 27, 2004

ORDER TIME : 2:06 PM

ORDER NO. : 691486-005

CUSTOMER NO: 4802598

CUSTOMER: David A. Abrams, Esq.
Dilworth, Paxson LLP
3200 Mellon Bank Cntr.
1735 Market Street
Philadelphia, PA 19103

File first

DOMESTIC FILINGS

NAME: FORMER TPH COMPANY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman
EXAMINER'S INITIALS

RECEIVED
04 JUN -3 PM 2:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA