

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 DEC 30 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 255680

1. Corporation Name

TSFL Holding Corporation

Principal Place of Business

305 N. Drive
Melbourne, FL 32934

Mailing Address

305 N. Drive
Melbourne, FL 32934

600003097016--8

-01/13/00--01012--005

*****8.75 *****8.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2704 alternate 19
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2704 alternate 19
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

2/5/62

5. FEI Number

59-0954868

Applied For

Not Applicable

City & State

Palm Harbor FL

City & State

Palm Harbor FL

Zip

34683

Country

Zip

34683

Country

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO Pres	Gabriel Battista	12020 Sunrise Valley Dr	Reston, VA 20191
EVP SVP	Michael Ferzacca	12020 Sunrise Valley Dr	Reston, VA 20191
Controller	Janet Kirschner	6805 Route 202	New Hope PA 18938
EVP Gen'l Counsel Secretary	Aloysius T. Lawn II	6805 Route 202	New Hope PA 18938
EVP CFO Treasurer	Edward Haywood	6805 Route 202	New Hope PA 18938

REINSTATEMENT

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd
Plantation FL 33324
Broward County

9. Name and Address of Non-Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd
Suite, Apt. #, Etc.

600003097016--8

-01/13/00--01012--005

****750.00 ****750.00

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

Tara Cofer

TARA COFER

Special Assistant Secretary

Date 12-29-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Aloysius T. Lawn II

Aloysius T. Lawn II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/99

Date

215-862-1091

Daytime Phone #