

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **255680**

1. Corporation Name

TSFL HOLDING CORPORATION

Principal Place of Business

Mailing Address

6805 ROUTE 202
NEW HOPE PA 18938
US

6805 ROUTE 202
NEW HOPE PA 18938
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1962

5. FEI Number

59-0954868

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
DC	BATTISTA, GABRIEL	12020 SUNRISE VALLEY DR.	RESTON VA 20191
SD	LAWN, ALOYSIUS T IV	6805 ROUTE 202	NEW HOPE PA 18938
TD	MEYERCORD, EDWARD	6805 ROUTE 202	NEW HOPE PA 18938
VD	WALSH, THOMAS	6805 ROUTE 202	NEW HOPE PA 18938

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

Margaret E. Routzahn

MARGARET E. ROUTZAHN

Special Assistant Secretary

Date

10/20/03

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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03

Date

2158624030

Daytime Phone #

CR2E040 (7/03)



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October 20, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**Re: Application for Reinstatement of TSFL Holding Corporation
Document No. 255680**

To whom it may concern:

We recently received notice of Administrative Dissolution for TSFL Holding Corporation effective September 19, 2003. Enclosed please find our completed application for reinstatement along with the appropriate UBR filing fee of \$150.00 as the prior UBR notices were not received.

If you have any questions with regard to this filing, please contact Carol Bonello at (215) 862-4030.

Sincerely,

A handwritten signature in cursive script, appearing to read "Aloysius T. Lawn, IV".

Aloysius T. Lawn, IV
Executive VP, Secretary &
General Counsel