

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 29 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/30/02--01028--027

***1650.00 ***1650.00

DOCUMENT # 323415

1. Corporation Name

T.S.I., INC.

2. Principal Office Address

9714 S. 102 East Ave

3. Mailing Office Address

3363 Sheridan Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

Tulsa, OK

City & State

Hollywood, FL

Zip

74133

Country

USA

Zip

33021

Country

USA

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

11/20/1967

5. FEI Number

59-1199854

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

STEVEN A. MASON

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

3363 SHERIDAN STREET

Suite, Apt. #, Etc.

SUITE 201

City

HOLLYWOOD

State

FL

Zip Code

33021

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]

Date

8/27/02

REGISTERED AGENT MUST SIGN

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
VP	MARLINE TOLOMEO	9714 S. 102 East Ave.	Tulsa, OK 74133

REINSTATEMENT

96-02

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]

MARLINE TOLOMEO

8/28/02

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Lewis 8/29/02