

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 OCT 18 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 458504

1. Corporation Name

TCO Manufacturing Corporation, Inc.

2. Principal Office Address - No P.O. Box #

604 Danley Drive

3. Mailing Office Address

604 Danley Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33907

Country

USA

Zip

33907

Country

USA

REINSTATEMENT

CR2E081 (11/10)

94-17

4. Date Incorporated or Qualified

To Do Business in Florida 07/24/1974

5. FEI Number

591573438

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

Kelley Stiffler, PLLC

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

27299 Riverview Center Blvd

Suite, Apt. #, Etc.

Suite 209

City

Bonita Springs

State

FL

Zip Code

34134

300240962883
10/18/12--01012--005 **3467.50

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

Paula F. Kelley
PAULA F. KELLEY
REGISTERED AGENT MUST SIGN

Date 10/4/12

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
C & P	Robert Truax	604 Danley Drive	Fort Myers FL 33907
T & S	Luis Munoz	604 Danley Drive	Fort Myers FL 33907
D	Jose Jacobo Dabdoub	604 Danley Drive	Fort Myers FL 33907
D	Brad McKibbin	604 Danley Drive	Fort Myers FL 33907
D	William J. Wilcop, Jr.	604 Danley Drive	Fort Myers FL 33907

10. E-mail Address: paula@kstlawyers.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

William J. Wilcop, Jr. CFO/Director

10/4/12 235-826-3660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 18 2012