

1650.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 AUG 18 AM 9:02

FILED

DOCUMENT #

487411

1. Corporation Name

TSquared, Inc.

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

3855 St. Johns Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32205

Country

USA

Zip

Country

500134549489

08/18/08--01048--001 \*\*1702

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1975

5. FEI Number

591704848

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

McCarthy Crenshaw, Jr.

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

3855 St Johns Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 8-8-08

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
PD	Constance T. Crenshaw	3855 St. Johns Ave.	Jacksonville, FL 32205
VPD	Susan T. Harris	101 Richard Lane.	Black Mountain, NC 27811
VPD	Mary T. Somerville	13631 Ashridge Lane	Dallas, TX 75240
VPD	James W. Taylor, Jr.	95 Oklahoma Road	Montreat, NC 28757
S	McCarthy Crenshaw, Jr.	3855 St. Johns Ave	Jacksonville, FL 32205

REINSTATEMENT 02-08

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 contained in Chapter 119, 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:

Constance T. Crenshaw, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/08

Date

904 389 9861

Daytime Phone #