

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004910

1. Corporation Name

TMC SERVICES, INC.

Principal Place of Business

81 DORSA AVENUE
LIVINGSTON NJ 07039

Mailing Address

81 DORSA AVENUE
LIVINGSTON NJ 07039

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2000

5. FEI Number

22-1760691

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
PSD	CAPRIO, PHYLLIS	11 WINDSOR WAY	MORRISTOWNSHIP NJ
VTCD	CAPRIO, PHILIP JR.	315 EAST 68TH STREET	NEW YORK NY 10021
CEO	CAPRIO, PHILLIP W	11 WINDSOR WAY	MORRISTOWN NJ

200008769148

11/04/02--01004--025 **150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

PHYLLIS A. CAPRIO, PRESIDENT
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 973-740-0032



TMC SERVICES

TMC Services, Inc.
81 Dorsa Avenue
Livingston, New Jersey 07039
(973) 740-0032 • Fax: (973) 740-9261

October 25, 2002

Department of State
Div. of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir,

Enclosed please find the completed application for reinstatement with a fee in the amount of \$150.00.

This is the only notice that TMC Services recieved for 2002 and I trust you will handle this matter accordingly.

Sincerely,

Phyllis A. Caprio

Enclosures