

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 OCT -8 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000003554

1. Corporation Name

TCA FINANCIAL SERVICES, INC.

2. Principal Office Address

1792 BELL TOWER LANE

Suite, Apt. #, etc.

3. Mailing Office Address

6881 NW 16TH TER

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

FT. LAUDERDALE, FL

Zip

33326

Country

USA

Zip

33309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-11-02

5. FEI Number

75-3048740

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2003

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER NELSON

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

444 BRICKELL AVE, STE 51-411

800023614858

Suite, Apt. #, Etc.

10/07/03-01050-022 **751.00

City

MIAMI

State

FL

Zip Code

33131

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]

REGISTERED AGENT MUST SIGN

Date 10-6-03

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	BRYAN SCHAFFNER	444 BRICKELL AVE	MIAMI FL 33131
VPD	CHRISTOPHER NELSON	444 BRICKELL AVE	MIAMI FL 33131
D	GEORGE WEST	444 BRICKELL AVE	MIAMI FL 33131

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:

CHRISTOPHER NELSON

10-6-03

345-439-5119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)