

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F07000004562

1. Entity Name
T L INDUSTRIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 12 AM 11:52

Principal Place of Business
25786 MINER ROAD
ELKHART, IN 46514

Mailing Address
25786 MINER ROAD
ELKHART, IN 46514

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
21746 BUCKINGHAM ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10282008 REIN-P CR2E098 (1/07)

City & State

City & State
ELKHART, IN

4. FEI Number
35-2085313

Applied For
Not Applicable

Zip

Country

Zip

Country

46516

ELKHART

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPLIFI BUSINESS, INC.
8950 ML KING STREET NO.
SUITE 130
ST. PETERSBURG, FL 33702

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/31/08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RUSH, RANDALL K
17051 CR 20
GOSHEN, IN 46526 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500137846295
11/12/08--01023--021 **158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall K. Rush, President 10/06/2008

Date

Daytime Phone #

574-294-2117