FILED
14 NOV 24 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F13000002005

1. Corporation Name
T-SOLN FLORIDA, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
112 BRUTON COURT		112 BRUTON COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CHESAPEAKE, VIRGINIA		City & State: CHESAPEAKE, VA	
Zip: 23322	Country: USA	Zip: 23322	Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 05/03/2013
5. FEI Number: 02-0554450 — Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent
Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.:
City: PLANTATION State: FL Zip Code: 33324

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] Date: 11/24/2014
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/T	JAMES TODD	112 BRUTON COURT	CHESAPEAKE, VA 23322
D/S	DARLENE TODD	112 BRUTON COURT	CHESAPEAKE, VA 23322
P	ANDREA J. NELSON	112 BRUTON COURT	CHESAPEAKE, VA 23322

10. **E-mail Address:** rrichardson@tsoln-inc.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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: [signature] Andrea J. Nelson 11/24/14 (757) 410-9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Andrea J. Nelson — Date — Daytime Phone #

2 of 2 page (1/2)

Division of Corporations

FILED
14 NOV 24 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000272838 3)))

H14000272838ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
T-SOLN FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00

Electronic Filing Menu Corporate Filing Menu Help