

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 MAY 19 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-05

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000001425**

1. Corporation Name
TLS Management & Marketing Group, Inc.

2. Principal Office Address 3917 Australian Court		3. Mailing Office Address 3917 Australian Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Bch., FL		City & State West Palm Bch., FL	
Zip 33407	Country Palm Bch.	Zip 33407	Country Palm Bch.

4. Date Incorporated or Qualified To Do Business in Florida **1995**

5. FEI Number **582156043**

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
LaSelle W. Wilson

Street Address (P.O. Box Number is Not Acceptable)
3917 Australian Court

Suite, Apt. #, Etc.
West Palm Beach

City
West Palm Beach

State
FL

Zip Code
33407

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 **LaSelle W. Wilson** REGISTERED AGENT MUST SIGN

Date **March 17, 2003**

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
Pres.	Stewart Wilson	127 Lake Wellington	Kingsland, GA 31548
V. P.	H. W. Williams	10730 C.R. 723	Webster, FL 33557
Owner	LaSelle W. Wilson	3917 Australian Court	West Palm Bch., FL 33407
Sect.	Quentin Wilson	1150 So. Marietta Parkway Apt. 402	Marietta, GA 30060

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: **LaSelle W. Wilson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-17-03**

Daytime Phone # **561 842-1810**

9/5/23