

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003586

1. Corporation Name

T. A. FINANCIAL SERVICES, INC.

2 VETERANS SQUARE

2. Principal Office Address

Suite, Apt. #, etc.

BANKSVILLE BUSINESS CENTER

City & State

PITTSBURGH, PA.

Zip

15234

Country

ALLEGHANY

3. Mailing Office Address

2 VETERANS SQUARE

Suite, Apt. #, etc.

2ND FLOOR

City & State

MEDIA, PA.

Zip

19063

Country

DELAWARE

4. Date Incorporated or Qualified

To Do Business in Florida 07/16/1996

5. FEI Number

23-2717528

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-04

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

000040253570
08/17/04--01064--025 **15 8.75

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

Connie Bryan Special Asst. Secretary

Date

8/9/04

REGISTERED AGENT MUST SIGN

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
C	J. WM. COTTER, JR.	2 VETERANS SQUARE	MEDIA, PA. 19063
P	PATTI J. DeGENNARO	2831 BANKSVILLE ROAD	PITTSBURGH, PA. 15234
S	NANCY D. WARNER	2 VETERANS SQUARE	MEDIA, PA. 19063
D	LILLIAN ReDAVID	2 VETERANS SQUARE	MEDIA, PA. 19063
D	LORETTA A. McPARTLAND	2 VETERANS SQUARE	MEDIA, PA. 19063
D	W. PATRICK CONNERS	43 COTTON DIKE COURT	DATAW ISLAND, SC 29920

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:

Nancy D. Warner

NANCY D. WARNER, SECY. 08/06/2004

800-828-4853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (01/04)