

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 OCT 31 PM 12:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000006617**

1. Corporation Name

TAMSCO, INC.

Principal Place of Business

4041 POWDER MILL RD #500
 CALVERTON MD 20705

Mailing Address

4041 POWDER MILL RD #500
 CALVERTON MD 20705

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SAME		08/08/1996	
City & State		City & State		5. FEI Number 52-1272467	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DCP	INNERBICHLER, NICHOLAS R	12865 FOLLY QUARTER RD	ELLCOTT CITY MD 21042
DCV	BILAWA, WILLIAM H	4736 FOXHALL CRESCENT NW	WASHINGTON DC 20007
		SAME	
			300002343738-5
			-11/10/97-01177-025
			***165.00 ***165.00

8. Name and Address of Current Registered Agent

SMITH, JOHN
 944 SYLVIA DR
 DELTONA FL 32725

9. Name and Address of New Registered Agent

Name	SAME
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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:  Peter Berges 10/30/97 (301) 595-0710
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/97)



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Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

29 October 1997

Re: TAMSCO, Inc.
FEI # 52-1272467
Document # F 96000006617

Dear Sir or Madam:

We have received notice that the above referenced corporation was revoked of its active status in the state of Florida on 26 September 1997.

Please be advised that we have never received the 1997 annual report for filing nor did we receive the "Second Notice" annual reports warning us of pending dissolution.

Enclosed find our Application for Reinstatement along with \$165. We respectfully request your attention to this matter. If you require additional information do not hesitate to contact the undersigned at (301) 595-0710.

Sincerely,

A handwritten signature in cursive script that reads "Peter Berges".

Peter Berges
Vice President of
Finance & Administration