

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000006284**

1. Corporation Name

T.I.C.S. CORPORATION

Principal Place of Business

13504-B SOUTH POINT BLVD
CHARLOTTE NC 28217

Mailing Address

THREE ALLEGHENY CENTER
STE 1203
PITTSBURGH PA 15212

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

201 Isabella Street

Suite, Apt. #, etc.

City & State

Pittsburgh, PA

Zip

15212

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1997

5. FEI Number

56-1852379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MARKIEWICZ, JOSEPH	287 SPRINGHILL FARM RD	ST CHARLES IL
VP	CAPONI, JULIE A	201 ISABELLAST.	PITTSBURGH PA 15212
CD	LARENCE, FRANK	830 CRESENT CENTRE DRIVE	FRANKLIN TN 37067
S	YURA, DOLORES A	201 ISABELLA ST	PITTSBURGH PA 15212
T	SCHRECKER, JUDITH S	201 ISABELLA STREET	PITTSBURGH PA 15212

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Corporation Service Company

Signature of
Registered Agent

Signature of Jacqueline N. Caponi
Jacqueline N. Caponi, Registered Agent, P.

Date **12/12/03**

11. 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:

Signature of Julie A. Caponi

Julie A. Caponi, Vice President 12/3/03 (412) 553-3197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)

282

T.I.C.S. CORPORATION

OFFICERS

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
CHAIRMAN	FRANK M. LARENCE ✓	830 CRESCENT CENTRE DRIVE, SUITE 600, FRANKLIN, TN 37067
PRESIDENT	JOSEPH MARKIEWICZ ✓	13504-B SOUTH POINT BLVD., CHARLOTTE, NC 28217
EXECUTIVE VICE PRESIDENT	BILLY D. CRANE	170 RIDGEVIEW CENTER DR., SPARTANBURG, SC 29316
VICE PRESIDENT	JULIE A. CAPONI ✓	201 ISABELLA STREET, 3RD FLOOR, PITTSBURGH, PA 15212-5858
SECRETARY	DOLORES A. YURA ✓	201 ISABELLA STREET, 3RD FLOOR, PITTSBURGH, PA 15212-5858
TREASURER	JUDITH S. SCHRECKER ✓	201 ISABELLA STREET, 3RD FLOOR, PITTSBURGH, PA 15212-5858

DIRECTORS

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
DIRECTOR	JOHN F. CERASUOLO ✓	13504-B SOUTH POINT BLVD., CHARLOTTE, NC 28217
DIRECTOR	FRANK M. LARENCE ✓	830 CRESCENT CENTRE DRIVE, SUITE 600, FRANKLIN, TN 37067
DIRECTOR	JOSEPH MARKIEWICZ ✓	13504-B SOUTH POINT BLVD., CHARLOTTE, NC 28217