

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 21 AM 11:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F98000006811

1. Corporation Name
TLA INVESTMENTS OF VIRGINIA, INC. (CROSS REFERENCED AS:
TLA INVESTMENTS, INC.)

2. Principal Office Address
1451 CYPRESS CREEK RD.

3. Mailing Office Address
1451 CYPRESS CREEK RD.

Suite, Apt. #, etc.
SUITE 205

Suite, Apt. #, etc.
SUITE 205

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip Country
33309 USA

Zip Country
33309 USA

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

5. FEI Number
54-1724886

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

600003911886--8
-03/27/01--01045--016
****900.00 ****900.00

7. Name and Address of Current Registered Agent

Name
CORPORATE ACCESS, INC.

Street Address (P.O. Box Number is Not Acceptable)
236 EAST 6TH AVENUE

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32303

REINSTATEMENT

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 **Day Burnett**
REGISTERED AGENT MUST SIGN

Date **3/19/01**

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	THOMAS ARNOLD	12500 NW 65TH DR.	PARKLAND, FL 33076
TREAS	RICHARD MORENO	404 NW 46 AVE	DEERFIELD BEACH, FL 33442
SECR	PHILIPPE TY	9999 SUMMERBREEZE DR. #105	SUNRISE, FL 33322

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:

PHILIPPE TY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

954-443-7824

Daytime Phone #

CR2E081 (9/00)