PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN -4 PM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H80644

1. Corporation Name

TCMP INC.

W1-20195

REINSTATEMENT 08-10

600177298436
04/23/10--01053--011 **308.75

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6551 LOISDALE COURT	6551 LOISDALE COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 500	SUITE 500
City & State	City & State
SPRINGFIELD	SPRINGFIELD, VA
Zip / Country	Zip / Country
22150 / FAIRFAX	22150 / FAIRFAX

4. Date Incorporated or Qualified To Do Business in Florida 10/11/1985

5. FEI Number 592822561 ☐ 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
HARDLEY COOMBS

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

Suite, Apt. #, Etc.

City: WEST PALM BEACH | State: FL | Zip Code: 33401

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 15 MARCH 2010

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
P	DELORES RICHARDSON	613 CLEARLAKE AVENE	WEST PALM BEACH, FL 33401
		600177298436 06/04/10--01054--002 **150.00	
			DC 6/7

10. **E-mail Address:** CCR@TCMP.COM

(To be used for future annual report notification)

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. I further certify, 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: Delores Richardson CHIEF EXECUTIVE OFFICER 03/15/2010 7038228228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #