PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State '

FILED

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CON WE THE	DIVISION OF CORPORATIONS			SECRETARY OF STATE		
MENT # K92044 n Name				TALLAMASSEC	. I LONDA	
TRC INCORPORATED		·	* : * # 10 * -*****			
office Address	3. Mailing Office Add	g Office Address		5000033701355		
	P.O. Box 40	61	***1685.00 ***16\$0.00			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified		
City & State		St. Petersburg, FL		5. FEI Number Applied For		
Country	^{Zip} 33731	· Country USA	6.		\$8.75 Additional F	Fee required
A september and	7. Name and	Address of Current Reg	istered Agent			
Street Address (P.O. Box Number is 1 1520 15th Str Suite, Apt. #, Etc.	Not Acceptable) reet North	e vez a galantege e gade e		State Zip Code FL 33704		
ent	U.		he obligations of secti			0
d Street Addresses of Each Officer ar	nd/or Director (Florida nonț	profit corporations must list	at least 3 directors)			
Name of Officers and/or Director		Street Address of Each Officer and/or Director		City / State / Zip		
/S/T/D Dominique Courbin 1520 15th Street			North	St. Petersburg, Fl 33704		
		San San San	TEMEN	T94-06) -	
			S. PAYNE	AUG 2 3 20		
	Country Name DOMINIQUE COUNTRY Street Address (P.O. Box Number is 1 1520 15th St.) Suite, Apt. #, Etc. City St. Petersbur pointed the registered altern of the about the street Addresses of Each Officer and Officers and/or Director	MENT # K92044 In Name TRC INCORPORATED Iffice Address 3. Mailing Office Address P.O. Box 40 Itc. City & State St. Petersb Country Zip 33731 7. Name and Name DOMINIQUE COURBIN Street Address (P.O. Box Number is Not Acceptable) 1520 15th Street North Suite, Apt. #, Etc. City St. Petersburg pointed the registered abent of the above named corporation, and and of Street Addresses of Each Officer and/or Director (Florida none) Name of Officers and/or Directors	MENT # K92044 In Name TRC INCORPORATED Iffice Address P.O. Box 4061 Suite, Apt. #, etc. City & State St. Petersburg, FL Country Zip 33731 Country USA 7. Name and Address of Current Reginate Address of Current Reginate Address (P.O. Box Number is Not Acceptable) 1520 15th Street North Suite, Apt. #, Etc. City St. Petersburg pointed the registered alient of the above named corporation, am familiar with and accept the service of the service of the corporation	MENT # K92044 In Name TRC INCORPORATED 3. Mailing Office Address P.O. Box 4061 Suite, Apt. #, etc. 4. Date incorrection for Do Bust St. Petersburg, FL St. Petersburg, FL St. Petersburg, FL Toountry USA 6. CERTIFICATE T. Name and Address of Current Registered Agent Name DMINIQUE COURBIN Street Address (P.O. Box Number is Not Acceptable) 1520 15th Street North Suite, Apt. #, Etc. City St. Petersburg pointed the registered agent of the above names corporation, and familiar with and accept the obligations of section of the section o	MENT# K92044 In Name RC INCORPORATED 3. Mailing Office Address P.O. Box 4061	MENT # K92044 In Name TRC INCORPORATED Iffice Address 3. Mailing Office Address P.O. Box 4061 Suite, Apt. 4, etc. Clay & State St. Petersburg, FL Country ZP 33731 Country USA 7. Name and Address of Current Registered Agent DOMINIQUE COURBIN Street Address (P.O. Box Number is Not Acceptable) 1520 15th Street North Suite, Apt. 4, Etc. Clay & St. Petersburg The Dominique of the above names corporated in Address of Current Registered Agent DOMINIQUE COURBIN Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Clay & St. Petersburg State Address of Each Cliv St. Petersburg Dominique of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Dominique Courbin 1520 15th Street North St. Petersburg, F1 33

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 leggl effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-20-

Daytime Phone #

CR2E081 (9/99)