

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 12 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 197563

1. Corporation Name
T. M. EXCHANGE INC

Principal Place of Business Mailing Address
6157 N.W. 167 St
Building F19
MIAMI FLA 33015

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

REINSTATEMENT 96-98

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable

6157 N.W. 167 St Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FLA

Zip Country Zip Country
33015 Dade

4. Date Incorporated or Qualified To Do Business in Florida

1988

5. FEI Number

65-0129525

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)

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
Pres	Thomas Michaels	76 OCEAN DR	Key Largo FLA 33037
Sec	Dorothy Michaels	76 OCEAN DR	Key Largo FLA 33037
			400002689584--3
			11/17/98-01054-000
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Thomas Michaels
76 OCEAN DR
KEY LARGO FLA 33037

9. Name and Address of New Registered Agent

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

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/5/98

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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J Michaels 11/5/98
Date Daytime Phone #

305 8262551

CR2E040 (1/98)