

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # M00990

1. Corporation Name

TCX INTERNATIONAL, INC.

Principal Place of Business

3000 N.W. 74TH AVE.  
MIAMI FL 33122

Mailing Address

3101 NW 74TH ST.  
MIAMI FL 33122  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

3101 N.W. 74TH AVE

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33122

Country

FL

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

05/23/1984

5. FEI Number

50-2411368

Applied

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
SD	MIRANDA, JAY B SECRETARY RIOS, FERNANDO H.	3101 N.W. 74TH AVE.	400003046234--1 -11/16/99-01089--005 *****600.00 *****600.00 MIAMI FL 33122
D	MAYPOLE, CHARLES	3101 N.W. 74TH AVE.	400003046234--1 -11/16/99-01089--006 *****150.00 *****150.00 MIAMI FL 33122
VD	MAYPOLE, JOHN F	3101 N.W. 74TH AVE.	MIAMI FL 33122
<del>COO</del>	COOK, JACK E PRESIDENT	3101 N.W. 74TH AVE.	MIAMI FL 33122
TD	BRUNT, MELVYN	3101 N.W. 74TH AVE.	MIAMI FL 33122
<del>ASST. VICE PRESIDENT</del>	JACOBS, ROY ASST. VICE PRESIDENT CHAPMAN, MARIO F.	3101 N.W. 74TH AVE.	MIAMI FL 33122

8. Name and Address of Current Registered Agent

MICHAELS, MARVIN D PA  
1010 SW 86 CT  
MIAMI FL 33144

9. Name and Address of New Registered Agent

Name  
MARIO F. CHAPMAN - ASST. VICE PRESIDENT  
Street Address (P.O. Box Number is Not Acceptable)  
3101 N.W., 74TH AVE  
Suite, Apt. #, Etc.  
City  
MIAMI  
State  
FL  
Zip Code  
33122

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]*

REQUIRED

Date 10-18-99

REGISTERED AGENT MUST SIGN

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]*

REQUIRED

10-18-99

305-592-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #