

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 24 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64975

1. Corporation Name

T.B.E. CORPORATION INC.

Principal Place of Business

13321 S.W. 124TH ST., SUITE 100
MIAMI FL 33186

Mailing Address

13321 S.W. 124TH ST., SUITE 100
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1988

5. FEI Number

65-0021477

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

DPV

EISAMAN, THOMAS B.

13321 SW. 124TH ST 100

MIAMI FL

ST

EISAMAN, THOMAS B.

13321 SW 124TH ST 100

MIAMI FL

600008577836
10/24/02--01099--017 **150.00

8. Name and Address of Current Registered Agent

EISAMAN, THOMAS B.
13321 SW 124TH ST
#100
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Thomas B. Eisaman
REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

Thomas B. Eisaman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 305-233-7999

CR2E040 (802)

T. B. E. Corporation, Inc.

HISTORICAL DOCUMENT SOCIETY

Rare Stamps • Historical Documents •

Post Office Box 161095 • Miami, Florida 33116-1095

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O 6327
Tallahassee, Fl. 32314-6327

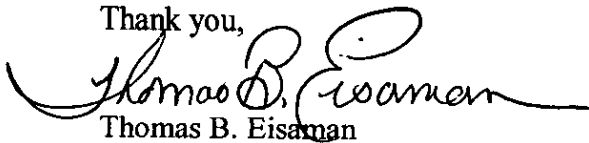
To whom it may concern:

To the best of my knowledge, I **did not** receive prior notice from the State. Not only did I not receive one notice, I **did not receive** a second notice from Tallahassee.

Please check your records and also check my filing status for previous years.

In addition, please return my corporate status to **active** as soon as possible. I enclose the reinstatement form and my check for \$150.00.

Thank you,



Thomas B. Eisaman

President, HDS

T.B.E. Corporation, Inc.