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
96 NOV 13 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M83283**

1. Corporation Name
TLR SALES, INC.

Principal Place of Business	Mailing Address
101 N. OCEAN DRIVE HOLLYWOOD BCH FL 33019	101 N. OCEAN DRIVE HOLLYWOOD BCH FL 33019

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6450 Collins Ave	6345 Collins Ave
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach FL
Zip: 33141 Country: USA	Zip: 33141 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/25/1988

5. FEI Number: 59-2897423 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	~~COVERT, BARBARA~~ Bowe, Tom	~~427 MCKENZIE AVE.~~ 6345 Collins Ave	~~PANAMA CITY FL~~ Miami Beach, FL
VS	~~MAZZA, JO ANNE~~ Morey Mark	~~427 MCKENZIE AVE.~~ 6345 Collins Ave	~~PANAMA CITY FL~~ Miami Beach, FL
TS	CARRIER, JOHNNIE PAULA	427 MCKENZIE AVE.	PANAMA CITY FL

900002007339--2
-11/19/96--01008--025
****175.00 ****175.00

900002007338--2
-11/19/96--01008--025
****200.00 ****200.00 96

8. Name and Address of Current Registered Agent

~~SLOAN, TIMOTHY J.~~
~~427 MCKENZIE AVE.~~
~~PANAMA CITY FL 32401~~

9. Name and Address of New Registered Agent

Name: David Bauman
Street Address (P.O. Box Number is Not Acceptable): 7820 Peters Road
Suite, Apt. #, Etc.: Suite E103
City: Plantation. State: FL Zip Code: 33324

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
REGISTERED AGENT MUST SIGN
Date: 7/2/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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 11/8/96 (305)868 0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E043 (7/96)