

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 16 AM 9:46

DOCUMENT # N04000009533

1. Corporation Name

TRUE SOURCE INCORPORATED

2. Principal Office Address - No P.O. Box #

4240 GALT OCEAN DR

Suite, Apt. #, etc.

#405

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 7, 2004

5. FEI Number

20-1759249

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAULA MASTERS

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

4240 GALT OCEAN DR

Suite, Apt. #, Etc.

#405

City

FT. LAUDERDALE

State

FL

Zip Code

33308

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Paula Masters

REGISTERED AGENT MUST SIGN

Date

Oct 14, 09

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	Paula Masters	4240 Galt Ocean Dr 405 Ft. Lauderdale FL 33308	
Dir	Kristin Kallioinen	804 Cypress Grove Ln 402 Pompano Beach FL 33069	
Dir	Abby Wilton	2939 Gentilly Blvd New Orleans, LA 70126	

REINSTATEMENT

05-09 KS

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 contained in Chapter 119, 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:

Paula Masters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula Masters

Date

Oct 14, 09

Daytime Phone #

(954)

383-8706