

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 NOV -8 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004106**

1. Corporation Name

TSIC, INC.

Principal Place of Business

Mailing Address

50 N. LAURA STREET
SUITE 1238
JACKSONVILLE FL 32202

50 N. LAURA STREET
SUITE 1238
JACKSONVILLE FL 32202

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



09/16/01 90266 004 #6/25

4. Date Incorporated or Qualified
To Do Business in Florida **08/28/1995**

5. FEI Number

59-3331584

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PEMBERTON, DONALD P	% 50 N. LAURA ST.	JACKSONVILLE FL 32202
COO	CHRISTIAN, MARCUS A	50 N. LAURA ST.	JACKSONVILLE FL 32202
CEO	MORAN, PAT	100 N.W. 12TH AVE.	DEERFIELD BEACH FL 33443
CEO	JENKINS, HOWARD M	P.O. BOX 407	LAKELAND FL 33802
PD	AVERY, PAUL E	2202 N. WESTSHORE BLVD.	TAMPA FL 33607
SD	BANKHEAD, W.G. "BILL"	2737 CENTERVIEW DR., STE. #307	TALLAHASSEE FL 32399

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAX CO.
50 N. LAURA STREET
3400 BARNETT CENTER
JACKSONVILLE FL 32202

Name **Donald P. Pemberton**
Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street
Suite, Apt. #, Etc.
Suite # 1238
City **Jacksonville** State **FL** Zip Code **32202**

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

REGISTERED AGENT MUST SIGN

Date

11/2/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/01 (904) 791-7518

CR2E040 (8/01)