PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 19 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004335

1. Corporation Name

TRUE EXPRESSIONS, INC.

Principal Place of Business	Mailing Address
6085 PARK BLVD. PINELLAS PARK FL 34665	6085 PARK BLVD. PINELLAS PARK FL 34665

REINSTATEMENT 99

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

4. Date Incorporated or Qualified To Do Business in Florida: 09/07/1995

5. FEI Number: 59-3342179 ☐ 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 3	City / State / Zip 4
DP	SWISS, OLE	1751 62ND TERRACE SOUTH	ST. PETERSBURG FL
DV	CLAWSON, KERRY	1923 ARROWHEAD DRIVE NE	ST PETERSBURG FL
DT	SPIVAK, RON	835 18TH AVENUE NE	ST. PETERSBURG FL
D	BROCKUS, HAROLD	4906 38TH WAY S., #205	ST. PETERSBURG FL 33711

8. Name and Address of Current Registered Agent

BROCKUS, HAROLD
6085 PARK BLVD.
PINELLAS PARK FL 34665

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

500003058605--6
-12/02/99--01041--001
*****236.00 *****236.00

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: ~~Ronald D. Spivack~~ Harold M. Brockus 10/20/99

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: ~~Ronald D. Spivack~~ REQUIRED 10/20/99 (727) 327-2646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RONALD D. SPIVACK

CR2E040 (8/99)