## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	_
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000056282

1. Corporation Name

T.B. ELECTRONICS, INC.

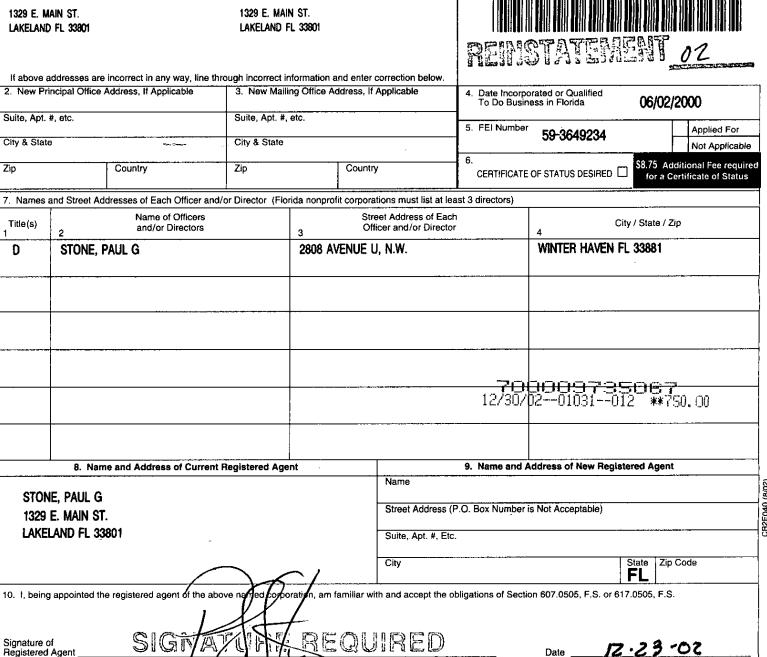
Principal Place of Business

Mailing Address

1329 E. MAIN ST.

1329 E. MAIN ST.

02 050 30 PH 12: 10



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 filling this reinstatement application, the reason for dissolution has been sliminated, 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 shall lave the lame legal effect as if made under oath.

on this application is true and accurate, and my signature