PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 21 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 63809

REINSTATEMENT 03-04
10/21/03 01017 021 $ 300.00

1. Corporation Name
TCLM INC

2. Principal Office Address	3. Mailing Office Address
9555 So US Hwy 1	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville FL	City & State
Zip: 32780 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59 365 7022 ☐ 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: Thomas D. Miller
Street Address (P.O. Box Number is Not Acceptable): 4835 Ancona Rd
Suite, Apt. #, Etc.:
City: Cocoa State: FL Zip Code: 32927

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: [signature] REGISTERED AGENT MUST SIGN Date: 5/18/04

CR2E081 (01/04)

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
Pres	Thomas D. Miller	4835 Ancona Rd	Cocoa Fl 32927
VP	Cathy A. Miller	4835 Ancona Rd	Cocoa Fl 32927

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 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: Cathy A Miller 5/18/04 321-269-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
PO BOX 6327
TALLAHSSEE, FL 32314

TO WHOM IT MAY CONCERN
PLEASE REINSTATE MY CORPORATION FOR 2003 AND 2004
FOR TCLM INC.
DOCUMENT # P00000063809
I NEVER RECEIVED AA FORM.
THE MONEY IS ALREADY IN THE ACCOUNT
THEY NEVER RECEIVED MY FIRST REINSTATEMENT FORM
THAT I SENT .

CATHY A MILLER
7555 SO US HWY 1
TITUSVILLE FL 32780
321-537-9539