


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | |
|--|--|
| APPLICATION FOR REINSTATEMENT |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|--|

DOCUMENT # P00000064635

1. Corporation Name

TC MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

8190 LITTLETON RD.
N. FT. MYERS FL 33903

8190 LITTLETON RD.
N. FT. MYERS FL 33903

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

07/01/2000

5. FEI Number

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 |
|---------------|---|--|---|
| D | CHASTAIN, GREGORY L | 2101 CHANDLER AVE. | FT. MYERS FL 33907 |
| D | TRIAY, CHARLES M | 2566 NW OWENS AVE. | ARCADIA FL 34266 |
| D | CHASTAIN, CHERYL | 2101 CHANDLER AVE. | FT. MYERS FL 33907 |
| D | TRIAY, CAROLYN | 2566 NW OWENS AVE. | ARCADIA FL 34266 |
| | | | 800004695248--9 -11/27/01--01053--009 ****150.00 ****150.00 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHASTAIN, CHERYL
8190 LITTLETON RD.
N. FT. MYERS FL 33903

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Cheryl Chastain
REGISTERED AGENT MUST SIGN

Date 10-29-01

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

Cheryl Chastain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-01

Date

Daytime Phone #

CR2EM40 (8/01)

282

TC MANAGEMENT GROUP, INC.
8190 Littleton Road
Fort Myers FL 33903

October 29, 2001

We wish to advise you that we did not receive the Uniform Business Annual Report form or the second notice of the annual report. This was our first year in business. Please accept the enclosed form and payment.

Cheryl Chastain
Registered Agent