

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 SEP 21 AM 10:48

DOCUMENT # P00000076924

1. Corporation Name

TL DEVELOPMENT & ASSOCIATES, INC.

REINSTATEMENT 01-04

2. Principal Office Address

4232 COMMERCIAL WAY

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34606

Country

3. Mailing Office Address

POST OFFICE BOX 6059

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34611

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/15/00

5. FEI Number

59-3656470

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

MCCANTS, TIMOTHY J.

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

4232 COMMERCIAL WAY

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34606

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

X *[Signature]*

Date X 09-15-04

REGISTERED AGENT MUST SIGN

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
DPST	MCCANTS, TIMOTHY J.	4232 COMMERCIAL WAY	SPRING HILL, FL 34606

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: X

[Signature]

TIMOTHY J. MCCANTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 09-15-04

Date

Daytime Phone #

CFR2081 (01/04)

10/2

KIERZYNSKI & ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANT, P.A.

5143 Commercial Way, Spring Hill, Florida 34606 • (352) 597-2800 • Fax (352) 596-2656 • mjkcpa@tampabay.rr.com

September 15, 2004

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

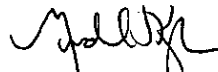
Re: TL Development & Associates, Inc.
Document #P00000076924

Dear Sir or Madam:

Please be advised I am the C.P.A. for the above referenced corporation. It has come to my client's attention that the State administratively dissolved TL Development & Associates, Inc. for lack of filing the 2001 annual report. The client maintains the 2001 Uniform Business Report filing packet was not received, nor did he receive any notification of dissolution.

We respectfully request that you accept the enclosed Corporation Reinstatement, along with the client's check in the amount of \$600.00, which represents filing fees of \$150.00 each for the years, 2001, 2002, 2003, and 2004. Your anticipated cooperation in this matter would be greatly appreciated.

Sincerely,



Michael J. Kierzynski

MJK/mc

Enclosures

cc: Mr. Timothy J. McCants