

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000079711

## 1. Corporation Name

T&amp;L, Inc.

## 2. Principal Office Address

11100 66th Street N.

Suite, Apt. #, etc.

Suite 23

City &amp; State

Largo, FL

Zip

33773

Country

USA

## 3. Mailing Office Address

11100 66th Street N.

Suite, Apt. #, etc.

Suite 23

City &amp; State

Largo, FL

Zip

33773

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/23/2000

## 5. FEI Number

59-3681035

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

Constantine W. Papas, Esq.

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

201 N. Franklin Street

Suite, Apt. #, Etc.

Suite 2200

City

Tampa

State

FL

Zip Code

33602

## 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

Date September 18, 2003

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
D	Mandeep Taneja	11100 66th Street N., Suite 23	Largo, FL 33773
D	Michele LaGamba	11100 66th Street N., Suite 23	Largo, FL 33773

REINSTATEMENT 01-03

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.

9-16-03

SIGNATURE:

MICHELE LAGAMBA

(727) 547-2654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #