

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000092419

1. Corporation Name

TSI SALES, INC.

Principal Place of Business

3500 WINDMILL RANCH ROAD  
WESTON FL 33331

Mailing Address

3500 WINDMILL RANCH ROAD  
WESTON FL 33331

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/28/2000

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
P	CAPEL, LIBRADA KAPEL	3500 WINDMILL RANCH ROAD	WESTON FL 33331
S	CAPEL, CLIFFORD KAPEL	3500 WINDMILL RANCH ROAD	WESTON FL 33331

900004706339--2  
-12/05/01--01063--020  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

SIMONS, BARRY L  
9700 SOUTH DIXIE HIGHWAY  
SUITE 1030  
MIAMI FL 33156

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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:

LIBRADA KAPEL

11/6/2001

305-542-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

232

**T. S. I. Sales, Inc.**  
**3500 Windmill Ranch Road**  
**Weston, Florida 33331**  
**Tel: (305) 542-1551**  
**Fax: (305) 591-2541**  
**Email: TSISALESCORP@aol.com**

November 6, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs,

Per our telephone conversation, attached please find the copy of the Uniform Business Report for the year 2001, which was mailed on March 15<sup>th</sup>, 2001 along with our check number 6783 in the amount of \$150.00.

On this form we had requested that our names be changed to the correct spelling.

We are now in receipt of your Notice of Administrative Dissolution or Revocation. We contacted you immediately and called our bank to verify if the previous check had been canceled.

We have now been notified by our Bank that the check was never canceled. Therefore, we assume you never received the original.

Per your instructions, we have completed the "Application for Reinstatement" and included another check for the \$150.00 filing fee.

Please process our filing accordingly and feel free to contact us if you require additional information.

Thank you for all of your cooperation.

Sincerely,



Librada Kapel  
President  
TSI Sales, Inc.