

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -3 PM 9-29

SEC
FALL 2006

DOCUMENT # P00000108081

1. Corporation Name

TP MANAGEMENT SERVICES INC.

2. Principal Office Address

7140 QUEENFERRY CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

7140 QUEENFERRY CIRCLE

Suite, Apt. #, etc.

City & State -

BOCA RATON, FL

Zip

33946

Country

USA

City & State

BOCA RATON, FL

Zip

33946

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2000

5. FEI Number

65-1058544

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

STEVEN M. WEISS

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

7140 QUEENFERRY CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33946

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

Steven M. Weiss

REGISTERED AGENT MUST SIGN

Date

9/25/06

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
PH/SLD	STEVEN M. WEISS	7140 QUEENFERRY CIRCLE B	BOCA RATON, FL 33946

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09/28/06--01005--030 **2408.75

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 contained in Chapter 119, 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

Steven M. Weiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/06

Daytime Phone #

561
487-7448