

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00602

1. Corporation Name

TM ANALYTIC, INC.

Principal Place of Business

**1421 MASSARO BLVD
TAMPA FL 33619**

Mailing Address

**1421 MASSARO BLVD
TAMPA FL 33619**

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

01/17/1984

5. FEI Number

36-3218010

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HELMAN, DONALD	908 RIVER RAPIDS AVE	BRANDON FL
VPD	DISHER, PETRA	350 LAKEWOOD DR., APT. 197	BRANDON FL 33510
SD	CONNOLLY, KENNETH	14620 GRENADINE DR., APT. 2	TAMPA FL 33613
TVP	DISHER, PETRA	350 LAKEWOOD DR., APT. 197	BRANDON FL 33510

REINSTATEMENT

8. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St
Suite, Apt. #, Etc.
4000002343644-3
City
Tallahassee
State
FL
Zip
32301

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 **Laura R. Dunlap** Corporation Service Company
It's agent, Laura R. Dunlap
REGISTERED AGENT MUST SIGN

Date **11/5/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Donald L Helman, Donald L Helman, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **11/5/97**
Daytime Phone # **813 621-6300**

CP2E040 (8/97)