

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 NOV -1 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000005664

1. Corporation Name

T.P., INC.

Principal Place of Business

651 NE 30 TERRACE  
SUITE B015  
MIAMI FL 33137

Mailing Address

651 NE 30 TERRACE  
SUITE B015  
MIAMI FL 33137

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

01/16/2001

5. FEI Number

65-1069990

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	4 City / State / Zip
PD	PEETERS, THIERRY	700 E. DANIA BEACH BLVD. SUITE 2 Suite 202	MIAMI FL 33137 Dania, FL 33004

500008756125  
11/01/02--01044--017 \*\*150.00

8. Name and Address of Current Registered Agent

VIVIES, PATRICK  
700 E. DANIA BEACH BLVD.  
SUITE 202  
DANIA FL 33004

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRSED040 (8/02)

651 Ne 30<sup>th</sup> Terrace  
Suite 8015  
Miami, FL 33137

T.P., Inc.

October 29, 2002

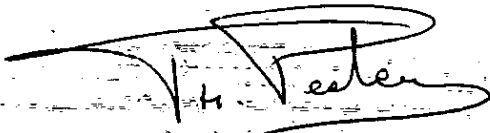
Department of State  
Annual Reports Filing  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Gentlemen,

Please find enclosed a 2002 annual report for T.P., Inc. I was out of the country for the first nine month of the year. We have no records of receiving the first notice of annual report for 2002 and just received this form.

In light of these circumstances, I would appreciate that you wave the late payment penalty.

Sincerely,



Thierry Peeters