

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 21 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01090011507**

**1. Corporation Name**  
TGL Management, INC.  
P01000011507  
4401 Vineland Rd  
4401 Vineland Rd

**2. Principal Office Address**  
4401 Vineland Rd

**3. Mailing Office Address**  
4401 Vineland Rd

Suite, Apt. #, etc.  
Suite A16

City & State  
Orlando, FL

Zip Country  
32811 USA

**REINSTATEMENT** 53-24

**4. Date Incorporated or Qualified To Do Business in Florida** 01/31/2001

**5. FEI Number** 59-3717966 Applied For  Not Applicable  TR

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Greg Wright

Street Address (P.O. Box Number is Not Acceptable)  
4401 Vineland Rd

Suite, Apt. #, Etc.  
Suite A-16

City  
Orlando

State Zip Code  
FL 32811

700036993067  
05/21/04--01047--005 \*\*908.75

**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 05/19/04

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	Thomas McIntyre	4401 Vineland Rd A-16	Orlando, FL 32811
D	Larry Walker	4401 Vineland Rd A-16	Orlando, FL 32811
D	Greg Wright	4401 Vineland Rd A-16	Orlando, FL 32811

**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)(f), 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: Date 05/19/04 Daytime Phone # 407-839-2001 ext307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)