

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000013026

1. Corporation Name

TMBD Computer Systems Education and Consulting, Inc.

2. Principal Office Address

10640 Belo Horizonte Ave

3. Mailing Office Address

4327 S. Highway 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#312

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

US

Zip

34711

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

Sept-18, 1997

5. FEI Number

35-2026307

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Torry Godwin

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

10640 Belo Horizonte Ave.

Suite, Apt. #, Etc.

City

Clermont

State
FL

Zip Code
34711

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

Torry Godwin

REGISTERED AGENT MUST SIGN

Date

9/23/03

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
P / T	Torry R. Godwin	10640 Belo Horizonte Ave	Clermont, FL 34711
C	Bonnie S. Godwin	10640 Belo Horizonte Ave	Clermont, FL 34711
S	Marvin E. Godwin	10640 Belo Horizonte Ave	Clermont, FL 34711

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)(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:

Torry Godwin Torry R. Godwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/03

Date

352-243-4907

Daytime Phone #

CR2E081 (10/02)

gr 9/30