

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO100007084

1. Corporation Name

TEN's Holding Inc.

2. Principal Office Address

ste 204
4990 SW 52ND ST.

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip

33314

Country

3. Mailing Office Address

ste 204
4990 SW 52ND ST.

Suite, Apt. #, etc.

City & State

DAVIE FL.

Zip

33314

Country

REINSTATEMENT

02-03

500024417935

11/04/03--01050--031 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2001

5. FEI Number

65-1123483

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

DEAN SCALZO

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

5201 SW 31ST.

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33312

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/03/03

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
<u>P.T.</u>	<u>PAUL COPPA</u>	<u>ste 204</u> <u>4990 SW 52ND ST.</u>	<u>DAVIE FL 33314</u>

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:

[Signature] PAUL COPPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03

Date

Daytime Phone #