

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 12 PM 12:21

DOCUMENT # P01000086206

1. Corporation Name

T+D UNLIMITED Inc

2. Principal Office Address

310 POLK DR.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

Zip

32301

Country

U.S.A.

3. Mailing Office Address

4827 CRAWFORDVILLE RD. #4

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

Zip

32305

Country

U.S.A.

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/24/03--01026--016 **900.00

8/31/01

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

LISA TRAN

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

4827 CRAWFORDVILLE RD. #4

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32305

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

11/12/03

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</u>	<u>LISA TRAN</u>	<u>4827 CRAWFORDVILLE RD. #4</u>	<u>TALLAHASSEE, FL. 32305</u>
<u>D</u>	<u>DAVID TRAN</u>	<u>"</u>	<u>"</u>
<u>✓</u>	<u>SAMANTHA TRAN</u>	<u>"</u>	<u>"</u>
<u>C</u>	<u>HAI NGUYEN</u>	<u>"</u>	<u>"</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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/03

Daytime Phone #

656-1232

CR2E081 (10/02)