

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 29 AM 9:00

DOCUMENT # P01000089274

1. Corporation Name

TG INDUSTRIES, INC.

2. Principal Office Address - No P.O. Box #

26 GATESHEAD DR

Suite, Apt. #, etc

3. Mailing Office Address

20856 RAND RD

Suite, Apt. #, etc

City & State

BRIDGEWATER, NJ

City & State

KILDEER, IL

Zip

08807

Country

USA

Zip

60010

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/7/01

5. FEI Number

36-4466464

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

GORDON BABBITT

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

3106 CENTRAL DR

Suite, Apt. #, Etc

City

PLANT CITY

State

FL

Zip Code

33567

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

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 9/24/10

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
PSTD	TERRI SAPP	26 GATESHEAD DR	BRIDGEWATER, NJ 08807

10. E-mail Address: lisa@glmfinancialgroup.com

(To be used for future annual report notification)

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. I further certify, 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]*

TERRI SAPP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/16/10

KS

500186004655  
09/29/10--01003--004 \*\*\$600.00  
REINSTATEMENT 09-10