

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120318

1. Corporation Name

TCB ENTERTAINMENT, INC.

Principal Place of Business

650 SW RAY AVE
PORT ST LUCIE FL 34983

Mailing Address

650 SW RAY AVE
PORT ST LUCIE FL 34983



900008674589
10/29/02--01136--006 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

800003001

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FAIR, DANIEL M	650 SW RAY AVE	PORT ST LUCIE FL 34983
D	FAIR, MELINDA G	650 SW RAY AVE	PORT ST LUCIE FL 34983

8. Name and Address of Current Registered Agent

FAIR, DANIEL M
650 SW RAY AVE
PORT ST LUCIE FL 34983

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10.24.02

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.24.02

Daytime Phone #

CR2040 (8/02)

10-24-02 *per*

Division of Corporate
P.O. Box 6327
Tallahassee FL 32314

This is an informal letter stating
that T.C.B. Entertainment did not
receive uniform business report our
company was just activated in Dec.
of 2001. The undersign below, Melinda
G Fair and Daniel M Fair state
we did not receive the notice. we
here by enclose a check for 150.00
to keep our company alive.

T.C.B. Entertainment, Inc
650 G.W. Ray ave.
Pt St. Lucie FL

34983

Melinda G Fair
Dan M Fair
Melinda G Fair
Daniel M Fair

Print / off