

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P02000051473</u>					
1. Corporation Name: TLC INVESTMENT GROUP, INC.					
2. Principal Office Address 1881 NW 35TH AVENUE Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State FORT LAUDERDALE, FL			City & State		
Zip 33311	Country BROWARD	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 05-09-2002	
5. FEI Number 32-0049426				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				SEE INSTRUCTIONS FOR GUIDANCE	
7. Name and Address of Current Registered Agent					
Name OTHEL TURNER & CO., INC.					
Street Address (P.O. Box number is not acceptable) 5787 WEST SUNRISE BLVD.					
Suite, Apt. #, Etc.					
City PLANTATION				State FL	Zip Code 33313
8. I, being appointed the registered agent of this corporation, am familiar with and accept the obligations of SECTION 607.0505 or 617.0303, F.S.					
Signature of Registered Agent  Date _____					
REGISTERED AGENT MUST SIGN					
9a. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director		City / State / Zip	
PVST	GEORGE CAMPBELL	1881 NW 35TH AVENUE		FORT LAUDERDALE, FL 33311	
9b. I certify that I am an officer or director of the corporation 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 115.07(3)(b), 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: 				Date 11-04-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

**Florida Department of State
Division of Corporations
Public Access System**

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

TLC INVESTMENT GROUP, INC.

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