

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -4 AM 11:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000068799

1. Corporation Name

TLP EXPO, INC.

Principal Place of Business

2502 DEPAUW AVENUE
ORLANDO FL 32804

Mailing Address

2502 DEPAUW AVENUE
ORLANDO FL 32804



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2002

5. FEI Number

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Barbara Weaver	2502 Depauw Ave,	Orlando, FL 32804
V.P.	Janet Dickinson	584 Mendoza	Orlando, FL 32804

8. Name and Address of Current Registered Agent

MORSE, KENNETH D ESQ.
390 NORTH ORANGE AVENUE
SUITE 2100
ORLANDO FL 32801

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

10-22-03

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

10-22-03

Daytime Phone #

CR2E040 (7/03)

October 9, 2003

Florida Department of Corporations

Dear Sir or Madam

We recently received the enclosed notice concerning a lapse in our Corporate Status. This is the first notice or invoice that we have received from your office. I also checked with our attorney, Ken Morse, and he has not received one either.

Earlier today, I spoke with Mr. Tyronne Scott, of your office, who advised me to send in our payment in the amount of \$150.00, which we have enclosed, along with the appropriate paperwork. If at all possible, we would certainly appreciate you waiver of our reinstatement fees, since we did not receive our bill earlier.

I thank you for your assistance in this matter.

Sincerely,



Barbara Bogle Weaver

TLP Expo
2502 DePauw Avenue
Orlando, FL 32804

407-898-4623 phone