PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATION

04 JUN 11 AM 10:34

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300038077703
06/18/04--01007--014 **300.00

DOCUMENT # P02000078731

1. Corporation Name
TSL Investments INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
2608 NE 16th AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wilton Manors, FL	City & State
Zip: 33334 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/19/02

5. FEI Number: 56-2283252 ☐ 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: TROY S. LOMASKY

Street Address (P.O. Box Number is Not Acceptable): 2608 NE 16th AVE

Suite, Apt. #, Etc.:

City: Wilton Manors | State: FL | Zip Code: 33334

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] Date: 5-18-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	TROY LOMASKY	2608 NE 16th AVE.	Wilton Manors, FL 33334

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] 5-18-04 954-463-3036
TROY S. LOMASKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2608 NE. 16th Avenue
Ft. Lauderdale, Florida 33304
Phone: 954-463-3036
Fax: 954-565-5557

COAST CHIROPRACTIC CENTER
DR. TROY LOMASKY
Chiropractic Physician

5/18/04

To whom it may concern,

I was reviewing my records on the following corporation:

TSL Investments inc.

~~FEI # 56-228 3752~~

It came to my attention that I never received an annual report notification OR notice for this corporation - I have 2 other corporations & have received notices & reports for renewal without any problems -

This is the reason for the ~~termination~~ of the above corporation & ~~lack of filing of the corporate annual report~~

Please re-instate this corporation without penalty -

Sincerely,

Troy Lomasky D.C.