

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 24 AM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101895

1. Corporation Name

TGS Marketing, Inc.

2. Principal Office Address - No P.O. Box #
1534 Esterbrook Lane

Suite, Apt. #, etc.

3. Mailing Office Address
1534 Esterbrook Lane

Suite, Apt. #, etc.

City & State
Sebastian Florida

Zip
32958

Country
USA

City & State
Sebastian Florida

Zip
32958

Country
USA

REINSTATEMENT

CRZE081-1107

4. Date Incorporated or Qualified
To Do Business in Florida **9-19-2002**

5. FEI Number

☒ 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
Thomas G. Shira

Street Address (P.O. Box Number is Not Acceptable)
1534 Esterbrook Lane

Suite, Apt. #, Etc.

City
Sebastian

State
FL

Zip Code
32958

☒ The 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

Thomas G. Shira

REGISTERED AGENT MUST SIGN

Date **9-20-2007**

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
Pres	Thomas George Shira	1534 Esterbrook Lane	Sebastian FL 32958

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09/24/07--01077--001 **759.75

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 contained in Chapter 119, 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:

Thomas G. Shira

Thomas G. Shira

9-20-2007

863-206-5396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell SEP 24 2007