

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000115035					
1. Entity Name TCQ, INC.					
Principal Place of Business 9933 CHARDONNAY DR ORLANDO, FL 32832			Mailing Address 9933 CHARDONNAY DR ORLANDO, FL 32832		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 39 BOWERY STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #200			
City & State		City & State NEW YORK, NY		4. FEI Number 14-1853446	
Zip	Country	Zip 10002	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAM, CINDY 9933 CHARDONNAY DR ORLANDO, FL 32832			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAM, CINDY 9933 CHARDONNAY DR ORLANDO, FL 32832		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100111235431 10/23/07--01055--001 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.					
SIGNATURE:			10/17/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT