

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 -8 AM 10:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000115035**

1. Corporation Name

TCQ, INC.

Principal Place of Business

Mailing Address

**3224 HUNTERS CHASE LOOP
KISSIMMEE FL 34743**

**3224 HUNTERS CHASE LOOP
KISSIMMEE FL 34743**

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

2. New Principal Office Address, If Applicable

9933 CHARDONNAY DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9933 CHARDONNAY DR

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32832

Country

ORLANDO

City & State

ORLANDO FL

Zip

32832

Country

ORLANDO

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2002

5. FEI Number

14-1853446

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	LAM, CINDY	3224 HUNTERS CHASE LOOP	KISSIMMEE FL 34743
P	LAM, CINDY	9933 CHARDONNAY DR	ORLANDO FL 32832

000025329430
12/08/03--01083--002 **88.75
000025329430
12/08/03--01083--003 **61.25

8. Name and Address of Current Registered Agent

**LAM, CINDY
3224 HUNTERS CHASE LOOP
KISSIMMEE FL 34743**

9. Name and Address of New Registered Agent

Name

LAM, CINDY

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

9933 CHARDONNAY DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32832

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]
REGISTERED AGENT MUST SIGN

Date

11/18/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

11/18/03

Daytime Phone #

CR2E040 (7/03)

TCQ, INC.
9933 CHARDONNAY DR
ORLANDO, FL 32832

November 18, 2003

Florida Department of State
Division Of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: TCQ, INC. Document No. P02000115035 Reinstatement request
VIA CERTIFIED MAIL

Dear Sir/Madam:

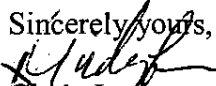
We are writing this letter in response to your notice of "Certificate Of Administrative Dissolution Or Revocation" and we respectfully request you to reinstate our corporation status and to waive the \$600.00 reinstatement fees based upon the following grounds:

- 1.) Due to the relocation of the address from 3224 Hunters Chase Loop, Kissimmee, Fl. 34743 to the current address of 9933 Chardonnay Dr. Orlando, FL 32832, We did not receive the two prior uniform business report (UBR) and as the result we did not file the uniform business report (UBR) on time;
- 2.) This is the first time for our company to conduct business in the state of Florida, and we have no knowledge of the rules and requirements for corporation under the state of Florida for filing the uniform business report (UBR) without received the two prior business report and instruction; and,
- 3.) As we received the package and instruction of the application for reinstatement that sent to the new address located at 9933 Chardonnay Dr. Orlando, FL 32832, we took the immediate action to file the application for reinstatement and paid the appropriate fees accordingly.

Based upon the above-stated facts, we hereby respectfully request you to waive the reinstatement fee for the reinstatement application and kindly grant the decision to return our corporation status to active status.

Enclosed please also find two checks amount of \$61.25 for annual report fee and \$88.75 for corporate supplemental fee.

Thank you for your kind attention and prompt action in our application for reinstatement..

Sincerely yours,

Cindy Lam
President
Encl.