

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 29 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000041203

1. Corporation Name

TGL Group Enterprises, Inc.

REINSTATEMENT 04

2. Principal Office Address  
931 Village Blvd.

3. Mailing Office Address  
1645 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

Suite 905-95

Suite, Apt. #, etc.

Suite 1200

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. Date Incorporated or Qualified  
To Do Business in Florida

4/11/03

5. FEI Number

06-1688400

Applied For

Not Applicable

Zip

33409

Country

Zip

33401

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George E. Harding, Esq.

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

1645 Palm Beach Lakes Blvd

Suite, Apt. #, Etc.

Suite 1200

City

West Palm Beach

State

FL

Zip Code

33401

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

*George E. Harding*

REGISTERED AGENT MUST SIGN

Date

10/27/04

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
D/P/ S/T	Albert C. Carley	931 Village Blvd, Suite 905-95	West Palm Beach, FL 33409

900042317509  
10/29/04--01059--019 \*\*750.00

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:

*A. Carley*

Albert C. Carley, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/04

Daytime Phone #

CR2E081 (01/04)