PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 DEC -1 AM 11: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000085735

1. Corporation Name

TMG CORP

2. Principal Office Address	**3.** Mailing Office Address
701 W RIVER HEIGHTS AVENUE	701 W RIVER HEIGHTS AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E081 (12/05)

City & State	City & State	**4.** Date Incorporated or Qualified To Do Business in Florida
TAMPA, FL	TAMPA, FL	**5.** FEI Number 57-1181139 ☐ Applied For ☐ Not Applicable

Zip	Country	Zip	Country	**6.** CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
33603	USA	33603	USA	

7. Name and Address of Current Registered Agent

Name
BLOOMFIELD, JOSEPH NIEL

Street Address (P.O. Box Number is Not Acceptable)
701 W RIVER HEIGHTS AVENUE

Suite, Apt. #, Etc.

City	State	Zip Code
TAMPA	FL	33603

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 _____ REGISTERED AGENT MUST SIGN   Date _11-14-06_

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/D	BLOOMFIELD, JOSEPH NIEL	701 W RIVER HEIGHTS AVE.	Tampa, FL 33603

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: _____ JOSEPH N. BLOOMFIELD , PRES 11-14-06 813-843-5815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #