

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000120893

1. Entity Name
TDC VENTURES, INC.



FILED

05 NOV -1 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
PO BOX 5082
FT LAUDERDALE, FL 33310

Mailing Address
PO BOX 5082
FT LAUDERDALE, FL 33310

6850 NW 20 AVE

2. Principal Place of Business

6850 N.W. 20. AVE

3. Mailing Address

6850 NW 20 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



09212005

REIN-P

CR2E098 (6/04)

City & State
Ft Lauderdale Fla.

City & State
Ft. Lauderdale Fla.

4. FEI Number

20-0357489

Applied For

Not Applicable

Zip
33309

Country
U.S.A

Zip
33309

Country
U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARIE MREJEN, P.A.
701 W CYPRESS CREED RD STE 302
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name William Burns

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

6850 N.W. 20th Ave

City Ft Lauderdale

FL

Zip Code

33309

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

October 21, 2005

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEVY, BERNARD
STREET ADDRESS PO BOX 5082
CITY-ST-ZIP FT LAUDERDALE, FL 33310

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary
NAME ANTONIETTE FLOOD
STREET ADDRESS 6850 NW 20 AVE
CITY-ST-ZIP Ft. Lauderdale Fla. 33309

☐ Change

☒ Addition

TITLE Vice President
NAME William Burn
STREET ADDRESS 6850 NW 20 AVE
CITY-ST-ZIP Fort Lauderdale Fla 33309

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

Antoniette Flood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-05 954-977-0400

Date

Daytime Phone #