

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 29 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000037114

1. Corporation Name

TGA of PALM BEACH, INC

W08-42753

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

2770 So. Ocean Blvd

2770 So. Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202 South

202 South

City & State

City & State

PALM BEACH FLA

PALM BEACH FLA

Zip

Country

Zip

Country

33480 USA

33480 USA

800135847458
09/15/08--01036--009 **600.00

REINSTATEMENT 05-08^{KS}

**4. Date Incorporated or Qualified
To Do Business in Florida**

2004

5. FEI Number

132696397

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GERALD N. GILBERG

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

2770 South Ocean Blvd Suite 202 South

Suite, Apt. #, Etc.

PALM BEACH, FLA

City

State

Zip Code

FL

33480

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/8/2008

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
MR	GERALD N. GILBERG	2770 So. Ocean Blvd Suite 202 South	PALM BEACH FLA 33480

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:

[Signature] GERALD N. GILBERG

9/8/08

5616768196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #