

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY -6 AM 11:16

DOCUMENT #

1. Corporation Name

P04000132552  
T.A. Legal Consultant, Inc.

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

3985 N.W. 176th.

Suite, Apt. #, etc.

3. Mailing Office Address

3985 N.W. 176th.

Suite, Apt. #, etc.

City & State

Miami Gardens, Fla.

City & State

Miami Gardens, Fla.

Zip

33055

Country

Dade

Zip

33055

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Started  
2005

5. FEI Number

P04000132552

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Willie Thomas-Anderson

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

3985 N.W. 176th.

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33055

☐ 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

Willie Thomas-Anderson

Date

4/30/09

REGISTERED AGENT MUST SIGN

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
CEO	Willie Thomas-Anderson	3985 N.W. 176th.	Miami Gardens, Fla. 33055

B 5/12/09

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:

Willie Thomas-Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/09

Date

305 458-7812

Daytime Phone #