

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

09 JAN 20 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRZE081 (1/20/09)

4. Date Incorporated or Qualified To Do Business in Florida		12/28/2004
5. FEI Number	<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

☒ 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.

Date 1/20/2009

DOCUMENT # P04000172700

1. Corporation Name

TGG & ASSOCIATES, INC.

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

841 PRUDETIAL DRIVE

Suite, Apt. #, etc.

12TH FLOOR

City & State

JACKSONVILLE, FLORIDA

Zip

32207

Country

US

3. Mailing Office Address

841 PRUDETIAL DRIVE

Suite, Apt. #, etc.

12TH FLOOR

City & State

JACKSONVILLE, FLORIDA

Zip

32207

Country

US

7. Name and Address of Current Registered Agent

Name

TORRENCE J. PULLUM

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

841 PRUDENTIAL DRIVE

Suite, Apt. #, Etc.

12TH FLOOR

City

JACKSONVILLE

State

FL

Zip Code

32207

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

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	TORRENCE J. PULLUM	841 PRUDETIAL DRIVE	JACKSONVILLE, FL 32207

000141460540
01/20/09--01008--010 **\$00.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2009

Date

Daytime Phone #

JC 1/20
Approved by AD

I checked they are over that over
reports are due by 5-1-2009

Ch