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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P05000096509

1. Corporation Name
T. C. RUSSO ASSOCIATES, INC.

2. Principal Office Address - No P.O. Box #
608 S. 8TH ST.
Suite, Apt. #, etc.
—
City & State
FERNANDINA BEACH, FL
Zip 32034 Country USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
—
City & State
SAME
Zip SAME Country SAME

4. Date Incorporated or Qualified To Do Business in Florida
07/08/2005

5. FEI Number
57-1007715
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
THOMAS C. RUSSO
Street Address (P.O. Box Number is Not Acceptable)
608 S. 8TH ST.
Suite, Apt. #, etc.
—
City
FERNANDINA BEACH
State FL
ZIP Code 32034

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent Thomas C. Russo Date 2/19/15

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
PRES	THOMAS C. RUSSO	608 S. 8TH ST.	FERNANDINA BEACH, FL, 32034

10. E-mail Address: TCRINSURANCE@COMCAST.NET
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Thomas C. Russo THOMAS C. RUSSO 2/19/15 904-277-3495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Florida Department of State

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CORPORATION REINSTATEMENT
T.C. RUSSO ASSOCIATES, INC.

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