

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 17 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000005559

1. Corporation Name

TPOT INC

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

3037 NW 25 th Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

100162884811

11/17/09--01032--013 **1050.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified

To Do Business in Florida **01/11/2006**

5. FEI Number

204301663

☐ 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

Ramtahal Tilackdharry

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

3037 NW 25 th Avenue

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

☐ 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

Tilackdharry Ramtahal
REGISTERED AGENT MUST SIGN

Date **Nov 13, 2009**

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
MGR	Ramtahal Tilackdharry	3037 NW 25 th Avenue	Pompano Beach, FL 33069

10. E-mail Address: **shamtilak@aol.com**

(To be used for future annual report notification)

11. 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. 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.

SIGNATURE:

Tilackdharry Ramtahal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-09

Date

9547783222

Daytime Phone #