## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000075920

SANDERS, DORIAN

ORLANDO, FL 32825

2776 RIVER RIDGE DRIVE

Name:

Address:

City-St-Zip:

Entity Name: TD COMMERCIAL SERVICES, INC

FILED Jan 21, 2009 Secretary of State

Entity Nar	ne: ID COM	MERCIAL SERVICES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2776 RIVER RIDGE DRIVE ORLANDO, FL 32825			2776 RIVER RIDGE DR ORLANDO, FL 32825	IVE US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2776 RIVER RIDGE DRIVE ORLANDO, FL 32825			2776 RIVER RIDGE DRIVE ORLANDO, FL 32825 US		
FEI Number:	26-0275508	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
2776 RIVE ORLANDO The above	s, TIMOTHY R RIDGE DRI D, FL 32825 named entity e of Florida.	US	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR		Y C. SANDERS			
Election Car	ce with s. 607.19	nic Signature of Registered Age (3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ). TORS:	t receive the prior notice.	Date  TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( SANDERS, TIN 2776 RIVER R ORLANDO, FL	IDGE DRIVE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	T ( SANDERS, SR 4751 35TH AV VERO BEACH	Ē	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title <sup>.</sup>	s (	) Delete	Title: (	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY C. SANDERS PRES 01/21/2009