

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P21575

1. Corporation Name

TPT CORPORATION

Principal Place of Business

212 CARIBBEAN ROAD  
PALM BEACH FL 33480-3010

Mailing Address

212 CARIBBEAN ROAD  
PALM BEACH FL 33480-3010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

777 SOUTH FINGER DRIVE

Suite, Apt. #, etc.

SUITE 800 WEST

City & State

WEST PALM BEACH, FL

Zip  
33401

Country

3. New Mailing Office Address, If Applicable

777 SOUTH FINGER DR.

Suite, Apt. #, etc.

SUITE 800 W

City & State

WEST PALM BEACH, FL

Zip

33401

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/1988

5. FEI Number

52-1322582

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	TURCHAN, THOMAS P JR.	212 CARIBBEAN ROAD 211 EDAW ROAD.	PALM BEACH FL 33480
VD	TURCHAN, THOMAS P	253 LEGENDARY CIRCLE	PALM BEACH GARDENS FL
TD	MCCARTHY, KEVIN	9 SERPENTINE COURT	SILVER SPRINGS MD
			300003027283--2
			10/27/99 01108 023
			***750.00 ***750.00

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8. Name and Address of Current Registered Agent

TURCHAN, THOMAS P JR.  
212 CARIBBEAN ROAD  
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

777 SOUTH FINGER DRIVE

Suite, Apt. #, Etc.

SUITE 800 WEST

City

WEST PALM BEACH

State

FL

Zip Code

33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Thomas P. Turchan Jr.*  
REGISTERED AGENT MUST SIGN

Date 10/18/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

*Thomas P. Turchan Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas P. Turchan Jr.

10/18/99 561-520-  
Date Daytime Phone #  
9436