

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000010791**

1. Corporation Name

TMB COMMUNICATIONS INC

2. Principal Office Address

1401 SHADWELL CIRCLE

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

Zip

32746

Country

USA

3. Mailing Office Address

1401 SHADWELL CIRCLE

Suite, Apt. #, etc.

City & State

LAKE MARY FL

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1992

5. FEI Number

59-3154677

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

FRANK O. MITCHELL

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

1401 SHADWELL CIRCLE

Suite, Apt. #, Etc.

City

LAKE MARY

State
FL

Zip Code

32746

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/1/2003

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
P/D	FRANK O. MITCHELL	1401 SHADWELL CIR	LAKE MARY FL 32746
S/D	JANICE E. MITCHELL	1401 SHADWELL CIR	LAKE MARY FL 32746

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 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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/2003

Date

4078331552

Daytime Phone #

CR2ED01 (10/02)

B3

20f2

January 1, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: TMB Communications Inc.
Document # P92000010791
Corporation Reinstatement

Dear Sir/Madam:

This letter covers a request for corporation reinstatement for TMB Communications Inc. A check in the amount of \$908.75 is enclosed covering the reinstatement fee and \$8.75 for a Certificate of Status.

This fee amount was confirmed in a telephone conversation with Barbara, owing to a circumstance where corporate report forms were not sent to TMB for three to five years.

Thank You,



Frank Mitchell

President
TMB Communications Inc.
1401 Shadwell Circle
Lake Mary Florida 32746