

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000003256

1. Corporation Name

T PRO FLORIDA INC.

Principal Place of Business

~~7041 GRAND NATIONAL DR~~
~~SUITE 209~~
~~ORLANDO FL 32810~~
~~US~~

Mailing Address

~~1600 BROADWAY~~
~~32ND FLOOR~~
~~NEW YORK NY 10036~~
~~US~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
8623 Vineland Ave
City & State
Lake Nona Vista, FL
Zip
32821
Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
500 7th Ave, 9th Floor
City & State
New York NY
Zip
10018
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

01/05/1993

5. FEI Number

59-3158458

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	BEHREND, KERRIN	172 MILL BROOK RD	STAMFORD CT
S	KATZ, MAX katz, Max	4500 BROADWAY 500 7th Ave	NEW YORK NY 10036 New York NY 10018

8. Name and Address of Current Registered Agent

HORMAZA, MARIA
7041 GRAND NATIONAL DR
SUITE 209
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name
Hormaza, Maria
Street Address (P.O. Box Number is Not Acceptable)
8623 Vineland Ave
Suite, Apt. #, Etc.

City
ORLANDO
State
FL
Zip Code
32821

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. or 617.0505, F.S.

Signature of Registered Agent

Maria Hormaza
REGISTERED AGENT MUST SIGN

Date MAY 12, 2003

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:

P. Roth
Roland Roth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/03 (212) 596 1033

Date

Daytime Phone #

APPROVED
AND
FILED

03 MAY 23 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03

05/14/03 01050 011 \$750.00

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