PLEASE READ ALL INS	TRUCTIONS BEFORE (COMPLETING THIS FOR	۷ı.
FOR	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State IVISION OF CORPORATIONS	FILE	D
DOCUMENT # P 930005	8429 (0)	98 JAN 26 PM	3: 45
TS Industries, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Addi	R	EINSTATEMENT	1 ad 96-96
	ng Office Address II Applicable	Date Incorporated or Qualified To Do Business in Florida	/16/1993
SARASOTA FLORIN SARA	150th Florida	5. FEI Number 65-0456089 6. CERTIFICATE OF STATUS DESIRED	Applied For Not Applicable \$8.75 Additional Fee require for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Flo	orida nonprofit corporations must list at lea	east 3 directors)	Tot a Certificate of Status
Title(s) Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I	or City /	State / Zip
P/D Todal Smith	1400 LAQUE LA	ME SARASOTA	FL34231
V/D Doy Smith	1400 Ladue La	aue Sapasota,	FL34231
S/D Dow Smith	1400 LAQUE L	ANE SARASOLA,	FL 34231
		2000242 -02/06/98- ***1058.7	34625 -01040002 5 ***1058.75
8. Name and Address of Current Registered Age	9. Name and Address of New Registere	d Agent	
	Street Address (F. 1400) Suite, Apt. #, Etc.		
City Sarasot		ota. Sta	te Zip Code L 3423/
10. I, being appointed the registered agent of the above named corporative of Registered Agent Registered Agent REGISTERED AG	ration, am familiar with and accept the ol ENT MUST SIGN	bligations of Section 607.0505, F.S. Date	18

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes No 🗆

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/98 941.351.1745
Daytime Phone #