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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 22 PM 5:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058429**

1. Corporation Name

TS INDUSTRIES INC.

600005493016--3  
-05/03/02--01002--029  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

3940 RED ROCK WAY

3. Mailing Office Address

P.O. BOX 19109

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34231

Country

Zip

34276

Country

SARASOTA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/16/93

5. FEI Number

65-0456089

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

WILLIAM T. SMITH

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

3940 RED ROCK WAY

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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]* President

Date

4-14-02

REGISTERED AGENT MUST SIGN

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
PD	WILLIAM T. SMITH	3940 RED ROCK WAY	SARASOTA, FL 34231
VD	JOY SMITH	3940 RED ROCK WAY	SARASOTA, FL 34231

01-02 UBFZ

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]*

President

4-14-02 941 951-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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**HOPP CONSULTING, LLC**

**CEVIN A. HOPP, CPA, CVA**  
**1002 17<sup>th</sup> AVENUE**  
**LONGMONT, COLORADO 80501**

Phone 303 • 682 • 9737  
Fax 303 • 682 • 2777

Cevin A. Hopp, CPA, CVA  
Operating Manager

**March 22, 2002**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: TS Industries, Inc.**  
**Todd Smith, President**  
**Incorporated August 16, 1993**

Dear Sirs:

Please find enclosed "Corporation Reinstatement: for TS Industries, Inc. (65-0456089). The original annual report was filed by the corporation; and the required fee of \$550.00 was received by your office. The original report was returned to the corporation for a signature that was missing.

We returned the original report with the required signature and have heard nothing further from your office. However, it has come to our attention that TS Industries, Inc. has been dissolved at your office for annual report.

Per my conversation with your office, please find enclosed a check in the amount of \$150.00 as payment of the required reinstatement fee. We respectfully request that all penalties or late fees be abated in this matter.

Thank you for your prompt attention to this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

*C. A. Hopp, CPA, CVA*

Hopp Consulting, LLC

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