PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLET	ING THIS FORM	e - e
APPLICATION FOR REINSTATEMENT	PLICATION FOR FLORIDA DEPARTMENT C Sandra B. Mortha Secretary of State		FILED		
DOCUMENT # P94000028759		98 MAR 27 PM 1: 42			
1. Corporation Name TECHNICAL SOURCES AND RESOURCES, I			SECREMAN OF STATE TALLAMASSEE, FLORIDA		
Principal Place of Business Mailing Address					
1800 THE GREENS WAY # 1511					
JACKSONVILLE BEACH, FL 32250					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorp	orated or Qualified	
Suite C	Suite, Apt. #, etc.			ness in Florida 4 - (3	3 - 94 Applied For
PONTE VEDRA BEACH, FL	City & State ANTONIC	ANTONIO, TX		237629	Not Applicable
Zip 32082 Country U.S.A.	Zip 78230 Countr		6. CERTIFICATE		Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	· · · · · · · · · · · · · · · · · · ·	ations must list at lea eet Address of Each			
Title(s) and/or Directors 2	ficer and/or Director se Post Office Box N	r City / State / Zip			
PRISIDENT THEODORE C. WATSON 11020 HUEBNER DAKS			#912	SAN ANTONIO,	TX 78230
RELIGENT F. BAY NEAL III 6000-		w <i>grass</i> Villa	GE GRUE	PONTE VEDRABE	ACH, FL 32082
SOREMAN JANET L. WATSON 11020 HUEBNER DAKS			[#] 912	SAN ANTONIO,	TX 78230
			4000024751642 -04/01/9801052014		
REIN		TATEN	MENT 95-980.00 ***1200.00		
				LL 3	1,~77
8. Name and Address of Current R	N	9. Name and A	ddress of New Hegistered Age		
THEODORE C. WATSON				EALIIL	
Suite And # Ete				SS VILLAGE GR	Œ
SAN ANTONIO, TX 78230 CIPANTE VEDRA				State 2	Zip Code
10. I, being appointed the registered agent of the abov	· • • · · · · · · · · · · · · · · · · ·	TONTE	VLDKA Ligations of Section	SEACH FL	32082
Signature of Registered Agent F. Day A	SISTERED AGENT MUST SIGN			Date 3-25-9	78
11. This corporation owes or ha Intangible Personal Property		Yes 🔲	No 🗹	(See other side fo on intangibl	
12. I certify that I am an officer or director or the receive this reinstalement application, the reason for dissolution owed by the corporation have been paid and the nation on this application is true and accurate, and my sign	ation has been eliminated, the corpo- times of individuals listed on this form	rate name satisfies t n do not qualify for a	he requirements on exemption under	of section 607.0401 or 617.0401,	F.S., that all fees
SIGNATURE F. BUY VEW SIGNATURE AND TYPED OR PRIN	TIL F. BAY N. TED NAME OF SIGNING OFFICER OR D	EALTIL HRECTOR ESIDENT	3.	-25-98 280 Date Daytim	- 9903 te Phane #