

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000068060

1. Corporation Name

TSGP, INC.

Principal Place of Business

C/O MARVIN S. ROSEN
222 LAKEVIEW AVENUE #800
WEST PALM BEACH FL 33401
US

Mailing Address

C/O MARVIN S. ROSEN
222 LAKEVIEW AVENUE #800
WEST PALM BEACH FL 33401

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.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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	300003851463-1 -03/13/01-01120-005 ****750.00 ****750.00
AS	ROSEN, MARVIN S	222 LAKEVIEW, STE 800	WEST PALM BEACH FL 33401
D	BAXTER, CYNDEE	222 LAKEVIEW AVENUE, STE. 800	WEST PALM BEACH FL 33401
P	EGIDI, DENNIS	800 S MILWAUKEE AVENUE SUITE 170	LIBERTYVILLE IL 60048
VP	HOCKER, DAVID	101 EAST 2ND STREET SUITE 100	OWENSBORO KY 42303
			300003851463-1 -03/13/01-01120-006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

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.

Signature of
Registered Agent

BRIAN COURTNEY, ASST. V.P.
REGISTERED AGENT MUST SIGN

Date

3/3/01

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:

Katherine Harris
SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/10

Daytime Phone #

CR2E040 (8/00)