

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

Mailing Address

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

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1994

SP

5. FEI Number

65-0517909

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
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

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 3/7/01

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



REINSTATEMENT 00-01

CR2ED40 (8/00)