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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 12 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068229

1. Corporation Name

TTS-TEAM TRUST SERVICES, INC.

2. Principal Office Address

1250 9th ST. N.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

211

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34102

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/15/94

5. FEI Number

65-0590621

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

R.T. MONGILLO

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

1250 9th ST. N.

Suite, Apt. #, Etc.

211

City

NAPLES

State
FL

Zip Code

34102

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

R.T. Mongillo
REGISTERED AGENT MUST SIGN

Date

2/4/04

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
DP	ROGALL, WOLFGANG W.	6951 MILLPOND CIRCLE	NAPLES, FL 34109
DY	GRIMM, BRUNO	6951 MILLPOND CIRCLE	NAPLES, FL 34109

REINSTATEMENT

03-04

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 239-435-3536

Date

Daytime Phone #

MONGILLO & KRAUSE, LLP
Certified Public Accountants and Associates

THE 1250 NORTH TRAIL BUILDING, SUITE 211
1250 TAMiami TRAIL NORTH
NAPLES, FLORIDA 34102

TELEPHONE (239) 435-3536
(239) 263-4471
(239) 434-7151
(239) 262-1313
FAX (239) 435-9066

Members: American Institute of Certified Public Accountants
Members: Florida Institute of Certified Public Accountants

RON MONGILLO, CPA
WILLIAM N. KRAUSE, CPA/PFS
STEPHANIE L. COX, CPA
PATRICIA F. ALLSHOUSE

FEBRUARY 4, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32399

THE ENCLOSED REINSTATEMENT FORM AND CHECK IN THE AMOUNT OF \$300.00
FOR TTS-TEAM TRUST SERVICES, INC.

THE ORIGINAL UBS FORM FOR 2003 WAS SENT TO THE P.O. BOX OF THE PRIOR
ACCOUNTANT. (SEE ENCLOSED COPY OF MAILING ADDRESS). CLIENT JUST
RECEIVED THIS FORM AND BROUGHT IT TO MY OFFICE.

I SPOKE TO AN EMPLOYEE IN YOUR OFFICE ABOUT THE PROBLEM AND WAS
TOLD TO SEND THE CHECK FOR \$300.00 TO COVER THE REINSTATEMENT AND
2004.

IF YOU NEED ANY ADDITIONAL INFORMATION, PLEASE CONTACT ME.

SINCERELY,


RON MONGILLO

