


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 24 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07  
CR2E081 (1/07)

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P94000074068

1. Corporation Name

TIA GROUP INC

2. Principal Office Address - No P.O. Box #  
7300 NW 49th Court

3. Mailing Office Address  
7300 NW 49th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LAUDERHILL FLORIDA

City & State  
LAUDERHILL FLORIDA

Zip 33319 Country BROWARD

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4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/1994

5. EEL Number  
65-0527613

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 TOMMY LEE

Street Address (P.O. Box Number is Not Acceptable)  
2029 NW 46th Ave

Suite, Apt. #, Etc.  
403-E

City  
LAUDERHILL

State FL Zip Code 33313

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Tommy Lee*

REGISTERED AGENT MUST SIGN

Date 10-22-07

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
President Dir	ANNIE TURNQUEST	7300 NW 49th Court	Lauderhill FL 33319
		10/17/07 01006 024	\$450.00
		10/17/07 01006 025	\$8.75

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 contained in Chapter 119, 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:

*Annie Turnquest*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annie Turnquest

10-22-07 954-610-0843

Date

Daytime Phone #

10/24