

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077302

1. Corporation Name

TDF & ASSOCIATES, INC.

Principal Place of Business

150 SE 2ND AVE.
SUITE 900
MIAMI FL 33131

Mailing Address

150 SE 2ND AVE.
SUITE 900
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

150 SE 2nd Ave.

Suite, Apt. #, etc.

Suite 900

City & State

Miami, FL

Zip

33131

Country

US

3. New Mailing Office Address, If Applicable

150 SE 2nd Ave.

Suite, Apt. #, etc.

Suite 900

City & State

Miami, FL

Zip

33131

Country

US

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1994

5. FEI Number

65-0598214

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KNOX, GEORGE F	150 S.E. 2ND AVE., STE 900	MIAMI FL 33131

000024329870
10/31/03 01028 000 **150.00

8. Name and Address of Current Registered Agent

KNOX, GEORGE F
150 S.E. 2ND AVE.
SUITE 900
MIAMI FL 33131

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/27/03

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



THE KNOX FIRM

150 S.E. 2ND AVENUE - SUITE 900

MIAMI, FLORIDA 33131

TELEPHONE: (305) 577-3775 - FACSIMILE: (305) 577-4887

GFK@THEKNOXFIRM.COM - DMS@THEKNOXFIRM.COM

WEBSITE: WWW.THEKNOXFIRM.COM

October 27, 2003

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Re: Application for Reinstatement

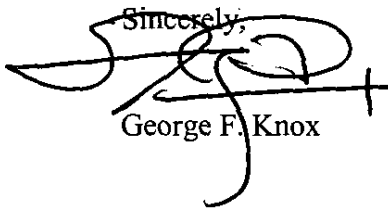
Dear Sir or Madam:

Enclosed you will find a completed application for reinstatement, along with a check in the amount of \$150.00, representing the reinstatement fee.

I respectfully request that penalties not be imposed, and I respectfully state that the prior UBR notices were not received.

Thank you for your attention to this matter.

Sincerely,



George F. Knox