

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV 12 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081465**

1. Corporation Name

TLT CONSULTANTS, INC.

Principal Place of Business

**11649 STARFISH AVE
JACKSONVILLE FL 32216**

Mailing Address

**11649 STARFISH AVE
JACKSONVILLE FL 32216**



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

REINSTATEMENT

*and
11/18/96*

| | | | | | |
|---|--|--|--|---|--|
| 2. New Principal Office Address, if Applicable | | 3. New Mailing Office Address, if Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 11/07/1994 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-3274836 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | | | |

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 (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|-----------------------|
| DPT | TURNER, THOMAS L | 11649 STARFISH AVE | JACKSONVILLE FL 32216 |
| DV | TURNER, ELLA E | 11649 STARFISH AVE | JACKSONVILLE FL 32216 |
| | | | |
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| | | | |
|---|--|--|-------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| TURNER, ELLA E 11649 STARFISH AVE JACKSONVILLE FL 32216 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State |
| | | FL | |

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

Ellen Turner
REQUIRED
REGISTERED AGENT MUST SIGN

Date **9-25-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes: Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Ellen Turner
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-96
Date

904-396-0450
Daytime Phone #

CR20040 (7/96)