

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 01 OCT 29 AM 11: 38  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P94000087495**

1. Corporation Name  
**T.D. INCORPORATED**

2. Principal Office Address  
**170 BEACON LANE**

3. Mailing Office Address  
**170 BEACON LANE**

Suite, Apt. #, etc.  
 City & State  
**JUPITER, FLORIDA** - **JUPITER, FLORIDA**

Zip Country Zip Country  
**33469 USA 33469 USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**12/01/94**

5. FEI Number Applied For  
**650542414** 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 **Thomas M. DiSarno** 000004688140--5  
 Street Address (P.D. Box Number is Not Acceptable) **170 BEACON LANE** 11/20/01 01004--019  
 Suite, Apt. #, Etc. \*\*\*\*750.00 \*\*\*750.00  
 City **JUPITER,** State **FL** Zip Code **33469**

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 **Thomas M. DiSarno** Date **10/24/01**  
 REGISTERED AGENT MUST SIGN

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
P	Thomas M. DiSarno	170 BEACON LANE	JUPITER, FL. 33469

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: **Thomas M. DiSarno** **Thomas M. DiSarno** 10/24/01 561-301-2083  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2081 (rev.01)