

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 13 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000024477

1. Corporation Name
TER-LAN CORPORATION

2. Principal Office Address
5400 S.W. 148 Ave.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

Zip Country
33330 U.S.A.

3. Mailing Office Address

5400 S.W. 148 Ave.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

Zip Country
33330 U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 03/27/95

5. FEI Number

050573115

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

Richard Coulson

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

5400 S.W. 148 Ave.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code
33330

400003888634--3
-03/20/01--01085--009
***1543.75 ***1543.75

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

Richard Coulson

REGISTERED AGENT MUST SIGN

Date 3-12-01

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/D	Richard Coulson	5400-S.W.-148-Ave.	Ft. Lauderdale, FL 33330

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:

Richard Coulson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Coulson, President

Date

3/12/01

954/252-5411

Daytime Phone #

CR2E081 (9/00)