PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2006 SEP 20 PM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082912

1. Corporation Name
Thomas M. Teeling Inc.

2. Principal Office Address		3. Mailing Office Address	
8144 West DR		8144 West DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Wesley Chapel, FL		City & State: Wesley Chapel FL	
Zip: 33544	Country: Pasco	Zip: 33544	Country: Pasco

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 10/26/95

5. FEI Number: 59-3345375 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name: Thomas M Teeling

Street Address (P.O. Box Number is Not Acceptable): 8144 West DRIVE

Suite, Apt. #, Etc.

City: Wesley Chapel State: **FL** Zip Code: 33544

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 Teeling
REGISTERED AGENT MUST SIGN
Date: 9/18/2006

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 Teeling	8144 West DR	Wesley Chapel FL 33544
T	Barbara E Teeling	8144 West DR	Wesley Chapel FL 33544

B 9/22/06

REINSTATEMENT 96-06

800080186348
09/26/06--01063--011 **2250.00

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: Thomas M Teeling — 9/18/06 — 813-477-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #