

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

98 APR 18 PM 2:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # PA16000024430
 1. Corporation Name
TFE, INC.

Principal Place of Business Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable
One Harbor Place, Ste 623
 Suite, Apt. #, etc.
1901 S. Harbor City Blvd
 City & State
Melbourne, FL
 Zip Country
32901 USA
 3. New Mailing Office Address, If Applicable
10971 E. Airport Services Rd.
 Suite, Apt. #, etc.
 City & State
Swanton, OH
 Zip Country
43558 USA

4. Date Incorporated or Qualified To Do Business in Florida
3-15-96
 5. FEI Number
59-3914573
 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)		3	4
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
1	2	3	4
Pres.	Tom Wiles	151 Indigo Cove Place	Melbourne Beach, FL 32951
Treas.	James Shock	10971 E. Airport Svcs Rd	Swanton, OH 43558
Sec.	John Crumney	5170 W Bethany Home Rd	Glendale, AZ 85301

REINSTATEMENT 97-98
 A. Alan

8. Name and Address of Current Registered Agent

Signature of Registered Agent
 REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent
 Name
Tom Wiles
 Street Address (P.O. Box Number is Not Acceptable)
One Harbor Place
 Suite, Apt. #, Etc.
1901 S. Harbor City Blvd, Ste 623
 City State Zip Code
Melbourne FL 32901

Date 4-15-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: THOMAS J. WILES pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4-15-98 Daytime Phone # 407-723-0522

CP2E040 (1-98)