

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

98 AUG 28 PM 1:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000033367(9)

1. Corporation Name

T.S.S. Enterprises, INC.

Principal Place of Business

Mailing Address

REINSTATEMENT

9798 AD

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

2. New Principal Office Address, If Applicable

3107 Thackeray Ct.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3107 Thackeray Ct.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

4-17-96

5. FEI Number

Applied For Not Applicable

City & State

Plant City, FL

Zip Country

33567

City & State

Plant City, FL

Zip Country

33567

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Timothy L. Staten and Terrance Birmingham.

400002633114-6 -09/04/98--01137--010 \*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Timothy L. Staten Street Address (P.O. Box Number is Not Acceptable) 3107 Thackeray Ct. Suite, Apt. #, Etc.

City Plant City State FL Zip Code 33567

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes [ ] No [X]

(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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

614-444-4049 Daytime Phone #

CR2E040 (1-98)