

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 10 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96 0000 91048**

1. Corporation Name
TI INVESTMENTS INC. OF SARASOTA

2. Principal Office Address
7 LAMBTON ROAD

Suite, Apt. #, etc.

3. Mailing Office Address
P O Box 1177

Suite, Apt. #, etc.

City & State
WORSLEY MANCHESTER

Zip **M 28254** Country **UN**

City & State
HOLMES BEACH, FL

Zip **34218** Country **USA**

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida **10/11/1996**

5. FEI Number **650752921**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **BEN COOPER** **900003273329--8**
Street Address (P.O. Box Number is Not Acceptable) **3909 E BAY DRIVE** **-06/01/00--01049--020**
Suite, Apt. #, Etc. **SUITE 110** *****1050.00 ***1050.00**
City **HOLMES BEACH** State **FL** Zip Code **34217**

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 **Ben A. Cooper** Date **5-8-00**
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
PRES	MICHAEL T. JOHNSON	7 LAMBTON RO.	WORSLEY MANCHESTER M 28254 UN
ASST. SEC.	BEN A. COOPER	3909 E BAY DRWE SUITE 110	HOLMES BEACH FL 34217

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 **Ben A. Cooper** **BEN. A. COOPER** **5-8-00** **941-778-6118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)