

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02

DOCUMENT # **P97000023060**

1. Corporation Name

T'S PLACE, INC.

Principal Place of Business

~~8948 ORA HOOD LANE~~
JACKSONVILLE FL 32226
US

Mailing Address

~~8948 ORA HOOD LANE~~
JACKSONVILLE FL 32226
US

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

2. New Principal Office Address, If Applicable

2943 Forbes Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32204

Country

U.S.A.

3. New Mailing Office Address, If Applicable

2943 Forbes Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32204

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1997

5. FEI Number

59-3432722

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CANOVA, THELMA T	8948 ORA HOOD LANE 2943 Forbes Street	JACKSONVILLE FL 32226 Jacksonville, FL 32204

400009220764
11/26/02 01030 019 **600.00

400009220764
11/26/02 01030 020 **150.00

8. Name and Address of Current Registered Agent

CANOVA, THELMA T
~~8948 ORA HOOD LANE~~
JACKSONVILLE FL 32226

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2943 Forbes Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32204

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. or 617.0505, F.S.

Signature of
Registered Agent

Thelma T Canova
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-23-02

11. 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:

Thelma T Canova
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02 904 389.6931

CR2E040 (8/02)