

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUN 12 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000052577**

**1. Corporation Name**

**TREASURE COAST SOLUTIONS INC.**

**2. Principal Office Address**

**225 SW CABANA 2**  
Suite, Apt. #, etc. **POINT CIRCLE**

**3. Mailing Office Address**

**POST OFFICE BOX 1**  
Suite, Apt. #, etc.

**City & State**

**STUART, FLORIDA**

**City & State**

**STUART, FLORIDA**

**Zip**

**34994**

**Country**

**MARTIN**

**Zip**

**34995**

**Country**

**MARTIN**

**100005868661--8**

**-06/19/02--01077--013**

**\*\*\*\*300.00 \*\*\*\*300.00**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**06.13.97**

**5. FEI Number**

**650833855**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

**RUTH H. ROWE**

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

**3045 SE BONITA STREET**

**Suite, Apt. #, Etc.**

**City**

**STUART**

**State  
FL**

**Zip Code**

**34997**

**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**

**REGISTERED AGENT MUST SIGN**

**Date 06.10.02**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>P</b>	<b>DENNIS JOHNSON</b>	<b>225 SW CABANA PT CIRCLE</b>	<b>STUART, FL 34994</b>
<b>VP</b>	<b>RUTH ROWE</b>	<b>3045 SE BONITA ST.</b>	<b>STUART, FL 34997</b>

**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:**

**RUTH ROWE**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**06.10.02 561.287.4992**

**Daytime Phone #**

Treasure Coast Solutions, Inc.  
Post Office Box 1  
Stuart, Florida 34995

June 10, 2002

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RE: REINSTATEMENT

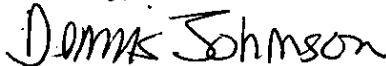
To Whom It May Concern:

Please be advised that we were unaware that our reinstatement had been out of compliance. We have made numerous attempts to contact our Registered Agent, the phone numbers are disconnected, mail returned and email is disabled. We had also asked our Accountant to make attempts, which failed. Upon his advice we contacted your office.

We spoke with your staff, which advised us to write this letter of explanation and submit a reinstatement fees in the amount of \$300.00. We have designated a new Registered Agent in resolution to the problem.

Enclosed is your form titled "Corporation Reinstatement", and a check in the amount of \$300.00. We appreciate your assistance in helping us keep our Corporation in good standing and thank you in for the excellent assistance of your staff.

Sincerely,

A handwritten signature in dark ink, appearing to read "Dennis Johnson". The signature is stylized with a large, looped "D" and a cursive "Johnson".

Dennis Johnson

cc: File

Ruth Rowe