

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098407

1. Corporation Name

TPLS, INC.

Principal Place of Business

Mailing Address

C/O AUTOMASTER
615 NORTH COCOA BOULEVARD
COCOA FL 32922

C/O AUTOMASTER
615 NORTH COCOA BOULEVARD
COCOA FL 32922

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

875 N. Cocoa Blvd.

875 N. Cocoa Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

Zip

32922

Country

USA

Zip

32922

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1997

5. FEI Number

59-3481546

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
PD	PANZINI, THOMAS	308 BARRELLO LANE	COCOA BEACH FL 32931

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KABBOORD, JOHN J
1980 N ATLANTIC AVE
SUITE 801
COCOA BEACH FL 32931

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-10-03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-03

Daytime Phone #

1-321-631-7688

CR2E040 (7/03)

TPLS, INC.
875 N. Cocoa Boulevard
Cocoa, FL 32922
(321) 631-7688

October 10, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: TPLS, Inc.

Dear Ladies/Gentlemen:

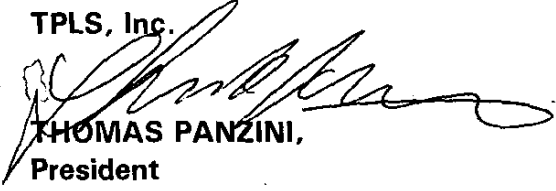
Enclosed herewith is the signed Application for Reinstatement, together with my company check for \$150.00 to reinstatement said corporation.

This letter is also to certify that my company did not receive the prior UBR notices. I have corrected the principal place of business address and mailing address on the Application for future mailings.

Should you require any additional information, please do not hesitate to contact me.

Sincerely,

TPLS, Inc.


THOMAS PANZINI,
President

TP
Enclosure