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

REINSTATEMENT 03

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.

600023799506
-019 **150.00

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

CR2E040 (7/03)

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 REQUIRED Date: 10-10-03

REGISTERED AGENT MUST SIGN

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 REQUIRED 10-10-03 1-321-631-7688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

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