

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 17 PM 5:10

DOCUMENT # *P98000005138*

1. Corporation Name

T G S G, Inc.

2. Principal Office Address

112 E. Dunlawton Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach Shores, FL

City & State

Zip

Country

32127

USA

Zip

Country

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

01/15/98

5. FEI Number

59-3487017

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *99-01*

7. Name and Address of Current Registered Agent

Name

Thomas P. Greiner

800004739883--0

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

112 E. Dunlawton Blvd.

12/26/01-01091--022

****1058.75 ***1058.75*

Suite, Apt. #, Etc.

City

Daytona Beach Shores

State
FL

Zip Code

32127

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

Thomas P. Greiner

Date *12-3-01*

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
<i>T</i>	<i>Susan Gibbs</i>	<i>2612 Turnbull Estates Dr.</i>	<i>New Smyrna Beach, FL 32168</i>
<i>S/D</i>	<i>Thomas P. Greiner</i>	<i>2612 Turnbull Estates Dr.</i>	<i>New Smyrna Beach, FL 32168</i>

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:

Susan Gibbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN GIBBS

12-3-01 386-756-1110

Daytime Phone #