

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 19 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027404

1. Corporation Name

TCG, INC.

Principal Place of Business

Mailing Address

~~5773 NEWBURY CIRCLE~~  
MELBOURNE FL 32940

5773 NEWBURY CIRCLE  
MELBOURNE FL 32940

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

2. New Principal Office Address, If Applicable  
295 BARNES BLVD  
Suite, Apt. #, etc. 100

3. New Mailing Office Address, If Applicable  
295 BARNES BLVD  
Suite, Apt. #, etc. 100

City & State  
ROCKLEDGE, FL  
Zip 32955 Country U.S.

City & State  
ROCKLEDGE, FL  
Zip 32955 Country U.S.

REINSTATEMENT 990

4. Date Incorporated or Qualified  
To Do Business in Florida

03/25/1998

5. FEI Number

59-3512723

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| D             | ANDERSON, DELWYN                          | 1414 GLENEAGLES WAY                                    | ROCKLEDGE FL 32955      |
| D             | JONES, BILLY C                            | 5773 NEWBURY CIRCLE                                    | MELBOURNE FL 32940      |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |

300003031273--7  
11/01/99-01120-021  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'BRIEN, JAMES M  
1686 WEST HIBISCUS BLVD  
MELBOURNE FL 32901

Name  
BILLY JONES  
Street Address (P.O. Box Number is Not Acceptable)  
5773 NEWBURY CIRCLE  
Suite, Apt. #, Etc.  
City  
MELBOURNE State FL Zip Code 32940

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.

Signature of  
Registered Agent

Billy C. Jones  
REGISTERED AGENT MUST SIGN

Date 10/12/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy C. Jones  
KE

10/12/99

Date

407 636-6446

Daytime Phone #