

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FAX AUDIT NO. H00000058115

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000033691

1. Corporation Name

TS, Inc.

Principal Place of Business

Mailing Address

1340 Neptune Drive
Boynton Beach, FL 33426

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

2. New Principal Office Address, If Applicable

1340 Neptune Drive

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33426

Country

3. New Mailing Office Address, If Applicable

1340 Neptune Drive

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33426

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1998

5. FEI Number

65-0881410

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Tarik Saadetdin	1340 Neptune Drive	Boynton Beach, FL 33426
D	Hannu Koivuniemi	1340 Neptune Drive	Boynton Beach, FL 33426

8. Name and Address of Current Registered Agent

Lloyd Granet, P.A.
1900 NW Corporate Blvd.
Suite 100 West
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name

Lloyd Granet, P.A.

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

Lloyd Granet, Esq., 1900 NW Corporate Blvd. Suite 100 West Building, Boca Raton, FL
33431 Ph. 561-999-9300 - Fax 561-999-9400, Florida Bar No. 525431 Fax Audit No.
H00000058115

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tarik Saadetdin

AD

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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(((H00000058115 7)))

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To: Division of Corporations
Fax Number : (850) 922-4004

From: Account Name : LLOYD GRANET
Account Number : 074632001025
Phone : (561) 999-9300
Fax Number : (561) 999-9400

CORPORATION REINSTATEMENT

TS, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$758.75

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