PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FAX AUDIT NO. H00000058116 5
00 NOV 3 PM 5:44

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000034089

1. Corporation Name

TS II, Inc.

Principal Place of Business / Mailing Address

1340 Neptune Drive
Boynton Beach, FL 33426

REINSTATEMENT

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
1340 Neptune Drive	1340 Neptune Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Boynton Beach, FL	Boynton Beach, FL
Zip 33426 Country	Zip 33426 Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/14/1998

5. FEI Number: 65-0874984 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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, Esq.
1900 NW Corporate Boulevard
Suite 100 West
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

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. H00000058116 5

SIGNATURE: _____ 11/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Tarik Saadetdin

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000058116 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 II, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$758.75

Electronic Filing Menu Corporate Filing Public Access Help

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. H00000058116 5