

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
CORPORATIONS

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DOCUMENT # **P98 0000 35592**

1. Corporation Name

T.T. Lancaster, Inc.

2. Principal Office Address

621 NW 53 Street

Suite, Apt. #, etc.

Suite 450

City & State

Boca Raton, FL

Zip
33487

Country
USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip
33487

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1998

5. FEI Number
None

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ira Young, Esq.

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

621 NW 53 Street

Suite, Apt. #, Etc.

Suite 450

City

Boca Raton

State
FL

Zip Code
33487

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******900.00 ****900.00**

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

[Signature]

Date

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
VP	Mark Schiller	621 NW 53 Street	Boca Raton, FL 33487

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-2000
Date

800 JTS-1235
Daytime Phone #

AD

CR2E081 (9/98)