

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -7 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # PA80000416299

1. Corporation Name

TNC Consulting, Inc.

2. Principal Office Address

3785 Windber Blvd

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

Country

34685

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 09-01

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-351-4886

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

Ted Nickoll

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

3785 Windber Blvd

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

900003677339

02713201-01085-018  
\*\*\*1050.00 \*\*\*1050.00

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

Ted A. Nickoll

REGISTERED AGENT MUST SIGN

Date 12/20/00

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
<u>P</u>	<u>Ted Nickoll</u>	<u>3785 Windber, Blvd</u>	<u>Palm Harbor, FL 34685</u>

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:

Ted A. Nickoll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/00

Date

Daytime Phone #

CR2E081 (9/99)

**KE**