


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Apr 22, 2003 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT# - 999000009137
 1. Corporation Name
T. N. P. ASSOCIATES INC.

900016967819
 04/24/03--01074--003 **1200.00

REINSTATEMENT 00-03

2. Principal Office Address 9088 BROAD ST.		3. Mailing Office Address 9088 BROAD ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL.		City & State BOCA RATON, FL.	
Zip 33434	Country PALESTINE	Zip 33434	Country PALESTINE

4. Date Incorporated or Qualified To Do Business in Florida **JAN 29, 1999**

5. FEI Number **65-089-2827** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name **BERNARD KASTEN**

Street Address (P.O. Box Number is Not Acceptable)
9088 BROAD ST.

Suite, Apt. #, Etc.

City **BOCA RATON** State **FL** Zip Code **33434**

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 **Bernard Kasten** Date **4-21-03**

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
P	BERNARD KASTEN	9088 BROAD ST.	BOCA RATON, FL. 33434
V	LINDA KASTEN	9088 BROAD ST.	BOCA RATON, FL. 33434
S	LINDA KASTEN	9088 BROAD ST.	BOCA RATON, FL. 33434
T	BERNARD KASTEN	9088 BROAD ST.	BOCA RATON, FL. 33434

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)(4), 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.

Bernard Kasten
 SIGNATURE: **BERNARD KASTEN** Date **4-21-03** Daytime Phone # **561 542-2614**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

js 4/22