

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000016970

1. Corporation Name

T.P.C.S., INC.

2. Principal Office Address

3021 N. WILSON BLVD.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34120-1344

Country

COLLIER

3. Mailing Office Address

3021 N. WILSON BLVD.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34120-1344

Country

COLLIER

[Signature]

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/99

5. FEI Number

65-0898797

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

TARA L. SPIVEY

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

3021 N. WILSON BLVD.

Suite, Apt. #, Etc.

City

NAPLES, FL

State

FL

Zip Code

34120-1344

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

Tara L. Spivey

REGISTERED AGENT MUST SIGN

Date 4-23-01

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	TARA L. SPIVEY	3021 N. WILSON BLVD.	NAPLES, FL 34120-1344
T	SAME		
S	SAME		

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:

Tara L. Spivey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-01

941-348-3944

Daytime Phone #