PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT Secretary of State DIVISION OF CC RPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM I0: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA OI APR 30 AM IO: 30 SECRET	FLORIDA DEPARTMENT OF STATE CORPORATION Kathering Harris														
DOCUMENT # P99000016970 1. Corporation Name T. P. C. S. , INC. 2. Pencipal Office Address 3021 N. WILSON BLVD. 3021 N. WILSON BLVD. 3021 N. WILSON BLVD. 3021 N. WILSON BLVD. Suite, Apt. #, etc. City & State NAPLES, FL NAPLES, FL NAPLES, FL NAPLES, FL OLILIER 7. Name and Add ess of Current Registered Agent TARA L. SPIVEY Street Address (PC. Bio Number is Not Acceptable) 3021 N. WILSON BLVD. 8. 1. being appointed the registered agent of the above named corporation, am i amiliar with and accept the obligations of section 607.0505 or 617.0503, FS Signature of Mark Agent Agrees of Each Officer address or Suite Addresses of Each Officer andro Director (Florids nonpro t corporations must list at least 3 directors) Name TARA L. SPIVEY 3021 N. WILSON BLVD. 8. 1. being appointed the registered agent of the above named corporation, am i amiliar with and accept the obligations of section 607.0505 or 617.0503, FS Signature of Mark Agent Agrees of Each Officer andro Director (Florids nonpro t corporations must list at least 3 directors) Name of Officers andro Director (Florids nonpro t corporations must list at least 3 directors) Name of City / State / Zip Tara L. SPIVEY 3021 N. WILSON BLVD. NAPLES, FL 34120-1344 T. SAME S. SAME				Secretary of State			OI APR 30 AM 10: 33								
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10. I certify that I am an officer or director or the receiver or trustee empowered of execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been elin inated, 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 indiv.duals 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone #															

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