

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 24 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000016970

1. Corporation Name

T.P.C.S. INC.

2. Principal Office Address

3021 WILSON BLVD

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA 34120-1344

Zip

34120-1344

Country

U.S.

3. Mailing Office Address

3021 WILSON BLVD.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA 34120-1344

Zip

34120-1344

Country

U.S.

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

JAMES W. SPIVEY

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

3021 WILSON BLVD.

Suite, Apt. #, Etc.

City

NAPLES, FLORIDA

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 JAMES W. SPIVEY

Date 02/12/04

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
PTS	JAMES W. SPIVEY	3021 WILSON BLVD.	NAPLES, FLORIDA , 34120-1344

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: JAMES W. SPIVEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04

Date

239-936-9253

Daytime Phone #

CR20081 (10/02)