

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 FEB -8 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000038441

1. Corporation Name

TLC BLUME, INC.

2. Principal Office Address

2934 Landing Way

Suite, Apt. #, etc.

City & State

Palm Harbor, FL 34684

Zip
34684

Country
USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

REINSTATEMENT 2001-2002
up

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/27/1999

5. FEI Number

59-3572174

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

Blume, Linda

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

2934 Landing Way

Suite, Apt. #, Etc.

400004982114--9

-02/21/02--01077--091

******900.00 ****900.00**

City

Palm Harbor

State

FL

Zip Code

34684

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

Linda A. Blume

Date **Feb. 05, 2002**

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
D	Linda A. Blume	2934 Landing Way	Palm Harbor, FL 34684
D	Joann C. Lessaris	590 Old Oak Circle	Palm Harbor, FL 34684

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:

Linda A. Blume

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linda A. Blume

Feb. 05, 2002

Date

Daytime Phone #

727-786-4268

CR2E081 (9/99)