


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| | |
|--|---|
| CORPORATION REINSTATEMENT  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| | 00 OCT 11 PM 2:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # P99000046586

1. Corporation Name

TPC DELRAY VENTURES, INC.

2. Principal Office Address

811 George Bush Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL 33483

City & State

Zip

33483

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 21, 1999

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒By State of Florida, Inc. or
by Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas F. Carney, Jr., Esq.

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

811 George Bush Boulevard

Suite, Apt. #, Etc.

City

Delray Beach, FL

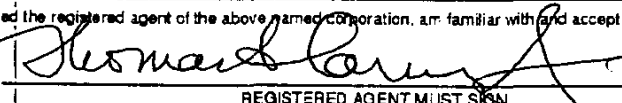
State

FL

Zip Code

33483

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


Date 11 Oct 00

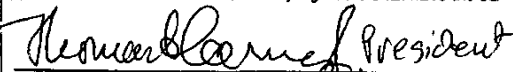
REGISTERED AGENT MUST SIGN

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/D | Thomas F. Carney, Jr. | 811 George Bush Boulevard | Delray Beach, FL 33483 |
| S/D | Peter H. Carney | 811 George Bush Boulevard | Delray Beach, FL 33483 |
| | | | |
| | | | |
| | | | |
| | | | |

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS F. CARNEY, JR., PRESIDENT

11 Oct 00

Date

561-330-8140

Daytime Phone #

CR25081 (9-99)