

pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066314

1. Corporation Name

TCU ASSOCIATES

2. Principal Office Address

3620 ASTER DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

3620 ASTER DRIVE

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34233

Country

USA

Zip

34233

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 27 1999

5. FEI Number

65-0936581

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

JERRY THOMSON

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

3620 ASTER DRIVE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34233

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

REGISTERED AGENT MUST SIGN

Date 11-21-03

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
PRES	JERRY THOMSON	3620 ASTER DRIVE	SARASOTA, FL 34233
V. PRES	LINDA THOMSON	3620 ASTER DRIVE	SARASOTA, FL 34233

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

11-21-03

Date

941-929 9704

Daytime Phone #

CR2E081 (10/02)

Pg 2 of 2

TCU Associates, Inc.
3620 Aster Drive
Sarasota, Florida 34233

November 5, 2003

Florida Division of Corporations

Gentleman,


We have just received to our surprise a notice of dissolution or revocation.

We did not receive the original notice or renewal.

Please find enclosed a check for \$158.00 to cover the renewal.

We are sorry for any inconvenience.

Respectively Submitted,


Jerry Thomson
President

Mailing Address
PO BOX 17533
Sarasota, Florida 34276-0533