

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 18 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P 990000 82408
TSB Real Estate Enterprises, Inc.

2. Principal Office Address

21100 Highland Lakes Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 610836
Suite, Apt. #, etc.

City & State

N Miami, FL

City & State

N Miami Florida

Zip

33179

Country

US

Zip

33261-0836

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/99

5. FEI Number

22-3681756

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

Tommy Miller

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

21100 Highland Lakes Blvd

Suite, Apt. #, Etc.

City

N. Miami

State

FL

Zip Code

33179

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

Tommy Miller

Date 12/10/02

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
Pr	Tommy Miller, P	21100 Highland Lakes Blvd.	N. Miami, FL, 33179
Sec	Tommy Miller, S		' '
Tr.	Tommy Miller, T		' '
Direct	Tommy Miller, D		' '
			' '
			' '

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:

Tommy Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/02 (305) 244-2114

Daytime Phone #

CR2E081 (8/01)