


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000084343

1. Corporation Name TLC Consultants Inc

4218 URG ESTERO, FL 33928

2. Principal Office Address

4218 URG

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 141 / 4218 URG

Suite, Apt. #, etc.

City & State

ESTERO, FL

City & State

ESTERO, FL

Zip

33928

Country

US

Zip

33928

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

65-0085842

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

TLC Consultants Inc / Andrea Lissate

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

4218 URG

Suite, Apt. #, Etc.

FL

City

ESTERO

State

FL

Zip Code

33928

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

[Signature]

Date 4/29/05

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
<u>Pres</u>	<u>Andrea Lissate</u>	<u>4218 URG</u>	<u>ESTERO, FL 33928</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

Daytime Phone #

CR2001 (07/05)

2052

TLC Consultants, Inc
4218 Ute Ct.
PO Box 141
Estero, Florida 33928

April 29, 2005

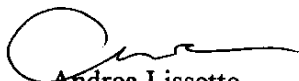
Div. of Corporations
To Whom It May Concern:

Enclosed please find check and information for renewal of corporation. I have been ill and have searched the web for clear annual information regarding fee, but this adapted form is the only one I could find that appeared pertinent as I want to get this in on time. I am so ill at this time that I can not even find proper paper to print this on; sincere apologies.

Please let me know if I need to provide further information.

Tax identification number 65 0585842.

Sincerely,


Andrea Lissette
239-992-2997