

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV -7 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109591

1. Corporation Name

TPS.COM, INC.

Principal Place of Business

5800 NORTHEAST 27TH AVENUE  
FORT LAUDERDALE FL

Mailing Address

5800 NORTHEAST 27TH AVENUE  
FORT LAUDERDALE FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

TPS.com INC

Suite, Apt. #, etc.

2641 E Atlantic Blvd #304

City & State

Pompano Bch, FL

Zip

33062

Country

USA

3. New Mailing Office Address, If Applicable

TPS.com INC

Suite, Apt. #, etc.

2641 E Atlantic Blvd #304

City & State

Pompano Bch, FL

Zip

33062

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1999

5. FEI Number

65-0982052

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HALLMARK, DEBERA J	5800 N.E. 27TH AVENUE	FORT LAUDERDALE FL
DP	Hallmark, Debera J.	751 McNab Rd #4	Pompano Bch, FL 33060
			800003480908--9 -11/30/00--01023--013 ***750.00 ***750.00
		REINSTATEMENT	78

8. Name and Address of Current Registered Agent

WEISSMAN, HAROLD ESQ.  
1776 PINE ISLAND ROAD  
SUITE 118  
PLANTATION FL 33322

9. Name and Address of New Registered Agent

Name  
C CHRISTIAN SAUTER ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
2900 EAST OAKLAND PARK BLVD.  
Suite, Apt. #, Etc.  
SUITE 200  
City  
FORT LAUDERDALE  
State  
FL  
Zip Code  
33306

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

Date October 31, 2000

REGISTERED AGENT MUST SIGN

11. 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

President 10-31-00 954.5450332  
Date Daytime Phone #

Debera J. Hallmark

CR2E040 (8/00)