

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT 29 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S52546**

1. Corporation Name
T L C CONSULTANTS, INC.

Principal Place of Business

2430 NW 16TH LANE
POMPANO BCH FL 33064
US

Mailing Address

640 N.W. 80TH TERRACE
MARGATE FL 33063
US

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

2. New Principal Office Address, If Applicable

~~2230 Hibiscus Dr~~

Suite, Apt. #, etc.

~~Suite #7~~

City & State

~~Edgewater FL~~

Zip

~~32141~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~2230 Hibiscus Dr~~

Suite, Apt. #, etc.

~~Suite #7~~

City & State

~~Edgewater FL~~

Zip

~~32141~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1991

5. FEI Number

65-0265253

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	NASH, GARY D.	640 N.W. 80TH TERRACE	MARGATE FL
SALES	SALTER, LYNN	640 N.W. 80TH TERRACE	MARGATE FL

REINSTATEMENT

97

A. atar

000002334560
-10/31/97--01108--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

NASH, GARY D.

640 NW 80TH

MARGATE FL 33063

213 Crawford Rd
New Smyrna Beach FL
32169

9. Name and Address of New Registered Agent

Name

GARY D. NASH

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

213 Crawford Rd

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32169

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

GARY D. NASH
REGISTERED AGENT MUST SIGN

Date

10/27/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

GARY D. NASH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97 (814) 24-9633
Date Daytime Phone #

CFR2040 (8/97)