

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 DEC -7 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

glatz

DOCUMENT # 567722

1. Corporation Name

TS MARKETING, INC.

2. Principal Office Address

2178 RESERVE PK TRACE SAME

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

Zip

34986

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7-22-91

5. FEI Number

593079884

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

RANDALL A. JONES

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

2178 RESERVE PARK TRACE

Suite, Apt. #, Etc.

800003500948-1

-12/14/00-01023-002

\*\*\*150.00 \*\*\*190.00

City

PORT ST. LUCIE

State  
FL

Zip Code

34986

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

Date 12/4/00

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
PD	RANDALL A. JONES	2178 RESERVE PK TRACE	PORT ST. LUCIE, FL 34986

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

RANDALL A. JONES

Date

12/4/00

Daytime Phone #

(561) 461-4900

# T/S Marketing, Inc.



December 4, 2000

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

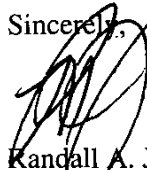
RE: TS Marketing, Inc.  
FEI #593079884  
2000 Annual Report

Dear Sir or Madam:

We moved our office from Okeechobee, Florida to Port St. Lucie, Florida. We notified everyone of the change of address, but unfortunately only changed the principal address not the mailing address with the Department of State, Division of Corporations. Our sister company's address was properly handled and we do not know why the change of address for TS Marketing was omitted from the address change.

Pursuant to my recent discussion with your office, please find enclosed the reinstatement application and the \$150.00 filing fee. We respectfully request that you waive the reinstatement fee, as this oversight was not intentional. We apologize for any inconvenience this may have caused and greatly appreciate your consideration in this matter.

Sincerely,



Randall A. Jones,  
President