

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # S82215

1. Corporation Name

TENNA-FLO INDUSTRIES, INC.

2. Principal Office Address

1700 - 22ND STREET SOUTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33712

Country

USA

3. Mailing Office Address

1700 - 22ND STREET SOUTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33712

Country

USA

REINSTATEMENT 2000-2003

800011131768

01/28/03--01051--010 **1200.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/24/1991

5. FEI Number

59-3086350

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

EVELYN F. KUTTLER, ESQ.

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

150 - 2ND AVENUE NORTH

Suite, Apt. #, Etc.

SUITE 470

City

ST. PETERSBURG,

State

FL

Zip Code

33701

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

Evelyn F. Kuttler

REGISTERED AGENT MUST SIGN

Date

1/21/03

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
DP	C. PATRICIA ALSUP	3637 MADISON WATCH WAY	FALLS CHURCH, VA 22041
DS	PEGGY ANN ASLUP	642 PUTNAM DRIVE	NASHVILLE, TN 37218
D	TAMMEE ALSUP	8723 POST OAK WAY	LANDOVER, MD 20785
D	ALANA O'NEAL	313 NORTH DATE PALM	GILBERT, AZ 85324

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:

Carolyn Patricia Alsup
CAROLYN PATRICIA ALSUP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

202-647-8141

Daytime Phone #

CR2E081 (9/01)