

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S93829

1. Corporation Name
TLSG, Inc.

2613 Sunset Drive
2613 Sunset Drive

2. Principal Office Address
2613 Sunset Drive

Suite, Apt. #, etc.

City & State
New Smyrna Beach, Fl

Zip Country
32168 USA

3. Mailing Office Address
2613 Sunset Drive

Suite, Apt. #, etc.

City & State
New Smyrna Beach, Fl

Zip Country
32168 USA

REINSTATEMENT

00-04

**4. Date Incorporated or Qualified
To Do Business in Florida** Nov 12, 1991

5. FEI Number
59 3098573

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
Terrance Lee Lloyd

Street Address (P.O. Box Number is Not Acceptable)
2613 Sunset Drive

Suite, Apt. #, Etc.

City
New Smyrna Beach

State Zip Code
FL 32168

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** Terrance Lee Lloyd
REGISTERED AGENT MUST SIGN

Date 11/15/04

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
P	Terrance Lee Lloyd	2613 Sunset Drive	New Smyrna Beach, Fl 32168

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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: TERRANCE LEE LLOYD Terrance Lee Lloyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/04

386-426-1702

Date

Daytime Phone #