PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION --FOR

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

T.I.C. GROUP INC.

Principal Place of Business

Mailing Address

7519 MEADOW DRIVE TAMPA FL 33634

7519 MEADOW DRIVE TAMPA FL 33634

FILED 02 OCT 28 AM II: 18



If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida <u>420 Benjamin Road</u> 08/07/1992 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3140333 City & State Not Applicable 6. \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director ROBERSON, RICHARD 7519 MEADOW-DRIVE Roberson Richard 6420 Benjamin Rd. STE3 TAMPA, FL. 3 JACQUELINE Roberson 6420 Benjamin Rd. STE. 3 TAMPA, FL 33634 300008629503-10/28/02--01098--030 **150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ROBERSON, RICHARD 7519 MEADOW DRIVE? entamin TAMPA FL 33634 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. or 617.0505, F.S. Signature of Date 10-24-02 Registered Agent

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:

RECON ROBERSON 16-24-02 813-884-4399

R DIRECTOR Date Daytime Phone #

T.I.C. GROUP, INC.

October 24, 2002

Division OF Corporations Annual Report / Reinstatement Section P.O. Box 6327
Tallahassee, FL. 32314-6327

Dear Sir or Madam:

The corporation did not receive the two prior (UBR) notices.

Sincerely,

Jacqueline Roberson

Director