

**2023 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P19000056612

**Entity Name:** TI INSTITUTE, INC

**Current Principal Place of Business:**

750 S. ORANGE BLOSSOM TRAIL  
STE 266  
ORLANDO, FL 32805

**Current Mailing Address:**

P.O. BOX 682149  
ORLANDO, FL 32808 UN

**FEI Number:** 84-2338879

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOLENTINO POLYNICE, JOANNE DR.  
750 S. ORANGE BLOSSOM TRAIL  
STE 266  
ORLANDO, FL 32805 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JOANNE TOLENTINO POLYNICE

11/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name POLYNICE, JOANNE  
Address P.O. BOX 682149  
City-State-Zip: ORLANDO FL 32808

Title VP  
Name POLYNICE, FLORENCE  
Address P.O. BOX 682149  
City-State-Zip: ORLANDO FL 32808

Title VP  
Name POLYNICE, JOANES SR  
Address P.O. BOX 682149  
City-State-Zip: ORLANDO FL 32808

Title VP  
Name POLYNICE, JOANES JR  
Address P.O. BOX 682149  
City-State-Zip: ORLANDO FL 32808

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOANNE TOLENTINO POLYNICE

**PRESIDENT**

11/01/2023

Electronic Signature of Signing Officer/Director Detail

Date