

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 JAN 10 PH 4:58

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CR2E081 (11/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15000046490

1. Corporation Name

TDCAMERICAS, INC.

2. Principal Office Address - No P.O. Box #

1740 N INTERLACHEN WAY

3. Mailing Office Address

1740 N INTERLACHEN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERIDIAN, ID

City & State

MERIDIAN, ID

Zip

83646

Country

USA

Zip

83646

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/26/2015

5. FEI Number

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

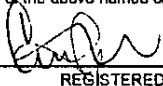
FL

Zip Code

32301

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



Courtney Williams

Asst. Vice President

Date

01.10.17

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
P	BRYAN GOLDMINTZ	1740 N INTERLACHEN WAY	MERIDIAN, ID 83646
T	KEN STARLING	1740 N INTERLACHEN WAY	MERIDIAN, ID 83646
SD	GRANT OSMAN	1740 N INTERLACHEN WAY	MERIDIAN, ID 83646

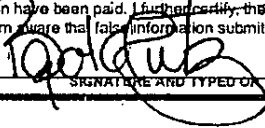
REINSTATEMENT
2016-2017

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:



BRYAN GOLDMINTZ

01/10/17

416 500 9957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Jan 10 2017

M. WILLIAMS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 460839 8084636
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 900.00

ORDER DATE : January 10, 2017
ORDER TIME : 2:52 PM
ORDER NO. : 460839-005
CUSTOMER NO: 8084636

DOMESTIC FILINGS

NAME: TDCAMERICAS, INC

RECEIVED
17 JAN 10 PM 4:23
SUFFICIENT FOR FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____