


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JAN 13 PM 2:25  
24  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P22388**  
1. Corporation Name  
**TDN PROMSTONIG'S INC,**

200064996672  
02/01/06--01075--006 \*\*1050.00  
CR2E081 (12/05)

2. Principal Office Address <b>3589 Broad Street</b>		3. Mailing Office Address <b>3589 Broad Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Chamblee, GA</b>		City & State <b>Chamblee, GA</b>	
Zip <b>30341</b>	Country <b>USA</b>	Zip <b>30341</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number <b>59-103-7483</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**JEFF BICKLE**

Street Address (P.O. Box Number is Not Acceptable)  
**8406 Benjamin Road**

Suite, Apt. #, Etc.  
**Suite H**

City  
**Tampa**

State  
**FL**

Zip Code  
**33634**

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 **Jeff Bickle** Date **1/4/06**

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
Pres	John M Burke	3589 Broad St	Chamblee, Ga 30341
VP	Karen Hoffman kahl	7330 West Montrose Ave	Norridge, IL 60706
Sec	F. Michael Groover	2401 Mustang Dr	Grapevine, Tx 76051
Treas	F. Michael Groover	2401 Mustang Dr	Grapevine, Tx 76051

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 contained in Chapter 119, 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: **John M. Burke** Date **1/14/2006** Daytime Phone # **404-875-0136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR