

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
12 MAR 26 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M52656

1. Corporation Name

2940 Taft Street Corp.

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

4303 Hammett Rd.

3. Mailing Office Address

P.O. Box 3181

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hogansville, GA.

City & State

La Grange, GA.

Zip

30230

Country

USA

Zip

30241

Country

USA - ~~FL~~ ~~TP~~

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

May 26, 1987

5. FEI Number

58-1745258

☐ 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

Joe Borowski

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

4465 Winterwood Circle

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

500225955115  
03/23/12--01015--015 \*\*900.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date March 16, 2012

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	N. Dean Larson	4303 Hammett Rd.	Hogansville, GA 30230
ST	Nancy J. Larson	4303 Hammett Rd.	Hogansville, GA 30230

REINSTATEMENT

2011-2012

S. HAWKES

MAR - 2012

EXAMINER

10. E-mail Address: ~~nd~~ ndlars@wirelesshometown.com

(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, 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: *N. Dean Larson* N. Dean Larson

MARCH 16, 2012 706-883-6915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #