

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP 26 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 484050

1. Corporation Name

TAMACO Fixture Group, Inc  
2177 ANDREA LANE  
FORT MYERS, FL 33912

2. Principal Office Address

2177 Andrea Lane

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip  
33912

Country  
Lee

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Same

Country

700023369837  
09/26/03--01081--018 \*\*908.75

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

9/8/1975

5. FEI Number

591651467

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

B.K.O'Neill

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

2177 ANDREA LANE

Suite, Apt. #, Etc.

Fort Myers, FL 33912

City

State

FL

Zip Code

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

Sept. 18/03

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/Dire	B.K.O'Neill	2177 Andrea Ln.	FT. Myers, FL 33912
Dir	S.O'Neill	" " "	" " " "
V.P./Dir	D.R.Pound	" " "	" " " "
Dir	J.L.Pound	" " "	" " " "

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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept. 18/03

Daytime Phone #

(239)  
481-8181

CR2E081 (10/02)

9/25