

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
11 FEB 17 AM 10:25

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 568780

1. Corporation Name

T & C maintenance, Inc

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

2721 VISTA Parkway

Suite, Apt. #, etc.

6C

City & State

W. Palm Beach, FL

Zip

33411

Country

US

3. Mailing Office Address

P.O. Box 6002

Suite, Apt. #, etc.

Southboro STATION

City & State

W. Palm Beach, FL

Zip

33414

Country

US

000194899390

02/17/11--01053--003 \*\*1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

4-6-1978

5. FEI Number

59-1814489

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

Thomas E. Peterson

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

1492 Wiltshire Village Dr.

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

Thomas E. Peterson

Date

2/15/11

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
PTD	Thomas E Peterson	1492 Wiltshire Village Dr	Wellington FL 33414
VP/S	CHAIRE C. Peterson	1492 Wiltshire Village Dr	Wellington FL 33414
VP	Elizabeth Vera	384 Las Palmas	Royal Palm Beach, FL 33411

**REINSTATEMENT**

**S. HAWKES**

JAN 18 2011

**EXAMINER**

10. E-mail Address: CTP10000 @ bellSouth.net

(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:

Thomas E. Peterson

2/15/11

Date

Daytime Phone #

561-471-5152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR