

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN -4 PM 12:29

DOCUMENT # 665221

1. Corporation Name

Troutman Properties, Inc.

600189431956
01/04/11--01049--022 **1050.00

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

2502 Partridge Dr

3. Mailing Office Address

PO Box 1043

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33884

Country

Zip

33882

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1980

5. FEI Number
591983726

☐ 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

Baxter G. Troutman

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

2502 Partridge Dr

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

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

Baxter G. Troutman

REGISTERED AGENT MUST SIGN

Date 1.3.11

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/D	Baxter G. Troutman	2502 Partridge Dr	Winter Haven, FL 33884
V/D	Rebecca Troutman	2502 Partridge Dr	Winter Haven, FL 33884

REINSTATEMENT

B 4/6/11
09-11

10. E-mail Address: btroutman@laborsolutions.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., 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.

SIGNATURE:

Baxter G. Troutman

1.3.11

863.318.9019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #