

H07000281431.3

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 NOV 16 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000002136					
1. Corporation Name SIZEMORE TOTAL CONTRACT SERVICES, INC.					
2. Principal Office Address 2116 Walton Way			3. Mailing Office Address 2116 Walton Way		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Augusta GA			City & State Augusta GA		
Zip 30904	Country Richmond	Zip 30904	Country Richmond		

CR2E081 (12/05)

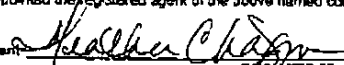
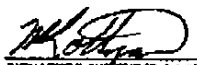
4. Date Incorporated or Qualified To Do Business in Florida 4/18/2000	
5. FEI Number 58-1026894	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CORPAMERICA, INC.	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST	
Suite, Apt. #, Etc.	
City TALLAHASSEE	State FL
	Zip Code 32301

REINSTATEMENT

2006-07

QSS

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 		Heather Chapman as its agent	
		Date 11/16/07	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
COB	C. Preston Sizemore	2116 Walton Way	Augusta GA 30904
DIR	Charlene P. Sizemore	2116 Walton Way	Augusta GA 30904
DIR	Preston E. Sizemore	2116 Walton Way	Augusta GA 30904
DIR	Katherine Anderson	2116 Walton Way	Augusta GA 30904
DIR	Jane Fouché	2116 Walton Way	Augusta GA 30904
DIR	Matthew Kottyan	2116 Walton Way	Augusta GA 30904
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: 		Matthew Kottyan, CEO 11/16/07 706 736 1456	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000281431 3)))



H070002814313ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : T20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

RESUBMIT

Please give original
submission date as file date.

11-16-07

Heather x2908

CORPORATION REINSTATEMENT

SIZEMORE TOTAL CONTRACT SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	\$900.00