

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 NOV 12 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F35429**

1. Corporation Name

**TAYLOR BUSINESS MACHINES, INC.**

Principal Place of Business

Mailing Address

**636 N.W. 27th AVENUE  
OCALA, FLA. 34475  
US**

**636 N.W. 27th AVENUE  
OCALA, FLA. 34475  
US**

**REINSTATEMENT 95-96**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/19/1981**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-2091001**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>PRES.</b>	<b>WOODROW W. TAYLOR</b>	<b>7953 S.E. 200th AVE.</b>	<b>MORRISTON, FL.</b>
<b>TREAS.</b>			
<b>V. PRES.</b>	<b>MARY E. TAYLOR</b>	<b>7953 S.E. 200th AVE</b>	<b>MORRISTON, FL</b>
<b>SEC.</b>			<b>500002007205--8</b>
			<b>-11/18/96--01026--003</b>
			<b>****575.00 ****575.00</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WOODROW W. TAYLOR  
7953 S.E. 200th AVE.  
MORRISTON, FLA. 32668**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Woodrow W. Taylor*

REGISTERED AGENT MUST SIGN

Date **Nov. 8, 1996**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

*Woodrow W. Taylor*

SIGNATURE: **WOODROW W. TAYLOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NOV. 8, 1996** **352-732-3472**  
Date Daytime Phone

CR2000 (12/95)