

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

00 OCT 10 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F99000001976

**1. Corporation Name**

Total Trim, Inc. - South

**2. Principal Office Address**

3521 All American Blvd

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32810

Country

USA

**3. Mailing Office Address**

1341 W. Mockingbird Lane

Suite, Apt. #, etc.

1200 W

City & State

Dallas, TX

Zip

75247

Country

USA

100003446931--5

-11/01/00--01055--017

\*\*\*750.00 \*\*\*750.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/15/99

**5. FEI Number**

59-3564586

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**REINSTATEMENT**

7000

**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

Connie Bryan

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

Date

10/10/2000

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
P	Cliff Darby	3110 Kendall Drive	Florence, AL 35630
S/T/D	Jeff Hull	1341 W. Mockingbird Lane Suite 1200W	Dallas, TX 75247

**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

10/4/00

Date

214-630-5757

Daytime Phone #

CR2ED81 (9/99)