

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G 75521

1. Corporation Name

The Tillman Company

Principal Place of Business

3211 Cindy Lynn Place  
Lithia, FL 33547

Mailing Address

P.O. Box 205  
Lithia, FL 33547

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

December 19, 1983

5. FEI Number

59-2352235

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/T/D	Thomas M. Tillman	3211 Cindy Lynn Place	Lithia, FL 33547
S	Phyllis M. Tillman	3211 Cindy Lynn Place	Lithia, FL 33547

900003155708--4  
-03/03/00--01005--017  
\*\*\*1808.75 \*\*\*1808.75

8. Name and Address of Current Registered Agent

Thomas M. Tillman  
208 Wendel Avenue  
Lithia, FL 33547

9. Name and Address of New Registered Agent

Name

Thomas M. Tillman

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

3211 Cindy Lynn Place

Suite, Apt. #, Etc.

P.O. Box 205

City

Lithia

State

FL

Zip Code

33547

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

REGISTERED AGENT MUST SIGN

Date

2/14/2000

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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.

Thomas M. Tillman

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2000

Date

(813) 737-3117

Daytime Phone #

CR2E081 (12/98)