

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB -5 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G 78233**

1. Corporation Name

TERRY TAYLOR ENTERPRISES, INC.

2. Principal Office Address

P.O. Box 810

Suite, Apt. #, etc.

City & State

PIERSON, FLORIDA

Zip

32180

Country

USA

3. Mailing Office Address

P.O. Box 810

Suite, Apt. #, etc.

City & State

PIERSON, FL 32180

Zip

32180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/84

5. FEI Number

591644576

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

JAMES T. TAYLOR

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

335 WEST WASHINGTON STREET

Suite, Apt. #, Etc.

City

PIERSON FLORIDA

State

FL

Zip Code

32180

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

Terry Taylor

REGISTERED AGENT MUST SIGN

Date **1/31/01**

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
DP-	JAMES T. TAYLOR	335 WEST WASHINGTON ST	PIERSON, FLORIDA 32180

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:

Terry Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

(904) 749-4899

Daytime Phone #