

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 12 PM 1:44

DOCUMENT # **K67318**

1. Corporation Name

TMC CONSTRUCTION COMPANY, INC.

2. Principal Office Address - No P.O. Box #

17123 RICH JO CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

17123 RICH JO CIRCLE

Suite, Apt. #, etc.

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33548

Country

HILLSBOROUGH

Zip

33548

Country

HILLSBOROUGH

7. Name and Address of Current Registered Agent

Name

MICHAEL MILLER

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

17123 RICH JO CIRCLE

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33548

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/06

5. FEI Number

592945815

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

I WAS DEPLOYED OVERSEAS

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **01/07/10**

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
D	CECILIA MILLER	17116 RICH JO CIRCLE	LUTZ FL 33548
D	MICHAEL MILLER	17123 RICH JO CIRCLE	LUTZ FL 33548

10. E-mail Address: **MIKE@SOLDBYTHEBAY.COM**

(To be used for future annual report notification)

11. 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 further certify, 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] **MICHAEL A. MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/10

Date

Daytime Phone # **813 956 8000**