

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**APPROVED  
AND  
FILED**

99 DEC 14 PM 3:52

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # K67928**

1. Corporation Name

**T. S. BUILDERS, INC.**

Principal Place of Business

Mailing Address

% JAMES R. GUERINO  
2700 HADLEY RD  
TALLAHASSEE FL 32308

% JAMES R. GUERINO  
2700 HADLEY RD  
TALLAHASSEE FL 32308

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/1989

5. FEI Number

59-2935522

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	City / State / Zip
STD	QUICK, THOMAS	2700 HADLEY ROAD	TALLAHASSEE FL
P	SKIPPER, STEVE	4335 BUTTERCUP WAY	TALLAHASSEE FL

200003079442--2  
-12/23/99--01059--001  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUERINO, JAMES R.  
6964 AZUSA RD  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Steve Skipper*

Date

REGISTERED AGENT MUST SIGN

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 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:

*Steve Skipper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

300003070383--6  
-12/15/99--01012--001  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

Date

Daytime Phone #

CR2040 (8/99)