

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # L78336

1. Corporation Name

TNT GARAGE DOORS, INC.

2. Principal Office Address

2909 8th ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32820

Country

USA

3. Mailing Office Address

2909 8th ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32820

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06-04-90

5. FEI Number

59-3075012

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

MICHAEL W. POTTER

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

2909 8th ST.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32820

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

Michael W. Potter

REGISTERED AGENT MUST SIGN

Date

7/8/02

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/D	MICHAEL W. POTTER	2909 8th ST.	ORLANDO, FL 32820
V/D	ROBERT GREGORY	13071 ODYSSEY LK. WAY	ORLANDO, FL 32826
S/T	NANCY A. POTTER	2909 8th ST.	ORLANDO, FL 32820

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:

Michael W. Potter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02

Date

321-303-2070

Daytime Phone #

FILED
02 JUL 12 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 91-02

CR2E081 (9/01)