

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR
REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000033902

1. Corporation Name

SKILLED TRADES CORP. OF FLORIDA

Principal Place of Business

3430 VALLEY RANCH DR
LUTZ FL 33549

Mailing Address

3430 VALLEY RANCH DR
LUTZ FL 33549



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1036006

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	LOFTIN, JERRY D	3430 VALLEY RANCH DRIVE	LUTZ FL 33549
VSD	LOFTIN, BARBARA J	3430 VALLEY RANCH DRIVE	LUTZ FL 33549

800008644808
10/29/02--01038--007 **150.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOFTIN, JERRY
3430 VALLEY RANCH DRIVE
LUTZ FL 33549

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/24/02

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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



SKILLED TRADES CORP.

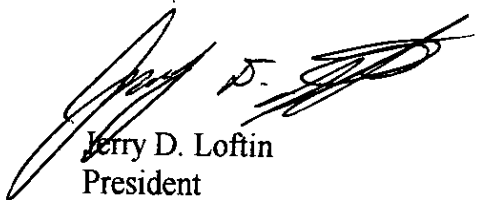
October 24, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # P00000033902

I just received this Notice of Administrative Dissolution or Revocation and have never received any prior notice. Please note that you had the address incorrect, which I have corrected. Attached please see my Reinstatement Application and check for the \$150.00 actually due.

Sincerely,



Jerry D. Loftin
President