

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -5 AM 8:31

DOCUMENT # P00000074952

1. Corporation Name

TAMACO OF FLORIDA, INC.

Principal Place of Business

1436 SW SEAHOLLY WAY  
PALM CITY FL 34990

Mailing Address

1436 SW SEAHOLLY WAY  
PALM CITY FL 34990



300004911423--1

-02/12/02--01030--037

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

2. New Principal Office Address, If Applicable

1829 B SE AIRPORT RD  
C/O OPM, LLC

3. New Mailing Office Address, If Applicable

1829 B SE AIRPORT RD  
C/O OPM, LLC

4. Date Incorporated ~~08/08/00~~ \*\*\*150.00  
To Do Business in Florida 08/08/2000

5. FEI Number

22-3750895

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
OFFICER	CLIFFORD J. WAGNER	1829 B SE AIRPORT RD C/O OPM, LLC	STUART, FL 34996

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\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

WAGNER, CLIFFORD J

1436 SW SEAHOLLY WAY  
PALM CITY FL 34990

9. Name and Address of New Registered Agent

Name

CLIFFORD J. WAGNER C/O OPM, LLC

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

1829 B SE AIRPORT RD.

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34996

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/2/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2/01

AB

CR2E040 (8/01)

**TAMACO OF FLORIDA, INC.**  
**P. O. BOX 377**  
**STUART, FL 34995**

December 12, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

Re: Notice of Administrative Dissolution re: Tamaco of Florida, Inc.

Dear Sir or Madam:

Enclosed is a check in the amount of \$150.00 for the Corporate Annual Fee on  
Tamaco of Florida, Inc. *FOR 2001 \$ Also \$150.00 FOR 2002. (90)*

Upon receipt of Application for Reinstatement, we researched and found that the  
address on the form was incorrect. The original form never made it to us so we  
failed to file the annual report timely. Please change the Corporate Address to:

1829B S. E. Airport Road  
P. O. Box 377  
Stuart, FL 34995

Please waive the penalty and reinstate the Corporation. If you have any  
questions, please contact my office at (561) 219-1700.

Sincerely,



Clifford J. Wagner  
President  
Tamaco of Florida, Inc.