

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 11 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014170

1. Corporation Name

T. OVERSTREET CONSTRUCTION COMPANY Inc

600159468946
08/11/09--01024--009 **300.00

REINSTATEMENT 08-09

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

3936 JENITA DRIVE

3. Mailing Office Address

3936 JENITA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34685

Country

USA

Zip

34685

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/2001

5. FEI Number
59-3703075

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

THOMAS E. OVERSTREET JR

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

3936 JENITA DRIVE

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34685

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date 8-5-09

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	THOMAS E OVERSTREET JR	3936 JENITA DRIVE	PALM HARBOR, FL 34685
VP	THOMAS E OVERSTREET SR	17728 US 41	SPRINGHILL, FL 34610
ST	STACEY L OVERSTREET	3936 JENITA DRIVE	PALM HARBOR, FL 34685

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 contained in Chapter 119, 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

8-5-09

Date

727/224-3968

Daytime Phone #