	F	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FO	DRM. PO L	
AŖſ	PLCATION	ON NC	ORIDA		NT OF STATE	•	FILED	G CTATE	
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DOCUMENT # P01000016184						03 JAN -2 AM 8:01			
1. Corporation Name									
TOWN	& COU	NTRY CONSTRI	UCTION,	INC.					
Principal Place of Business			Mailing Address			 	 	TI BANGI MATA AMAM MAGA KAMA ANGI MAGA	
	FL 33905	<u>-</u> _	FT MYERS FL 39305						
please see new address below If above addresses are incorrect in any way, line through incorrect information and enter correct						700009320807 12/03/0201061003 **150.00			
2. New Pri	ncipal Office Ac	dress, If Applicable Beach Blvd.	3. New Mailing Office Address, If Applicable 13010 Palm Beach Blvd.			Date Incorporated or Qualified To Do Business in Florida 02/13/2001			
Suite; Apt. #	#, etc.		Suite, Apt. #,		_	5. FEI Number Applied For			
City & State Fort Myers, FL = 33905			City & State Fort Myers, FI		33905	65-/	082698	Not Applicable \$8.75 - Additional Fee require	
Zip - 339	05	Country	3390	1			OF STATUS DESIRED	for a Certificate of Status	
	and Street Addr	esses of Each Officer and/o	or Director (Flor		ations must list at lear reet Address of Each	st 3 directors)		07. (0.4	
Title(s)	and/or Directors			3 Officer and/or Director 6260 HOLSTEIN DR			FT MYERS FL 33	City / State / Zip	
ט	DEFREITAS, SANDRA			6260 HOLSTEIN	אט א		FI MIENO FL 33	5905	
						70	000 9 32	00807 006_**/50.00	
						12/16/	102==01031 <i>==</i> 1	006_**150_00	
		•							
8. Name and Address of Current Registered Agent						9. Name and A	ddress of New Regi	stered Agent	
DEFREITAS, SANDRA									
	Holstein de Ers FL 3390			Street Address (P		.O. Box Number I	s Not Acceptable)		
* (,) IN()	LIIO I E 0000	-			Sulte, Apt. #, Etc.				
					City			State Zip Code	
10. I, being	appointed the	registered agent of the above	ve named corpo	ration, am familiar w	rith and accept the ob	ligations of Section	on 607.0505, F.S. or 6	617.0505, F.S.	
0!		OIOBIAT	en ne e	(D) (C) (A)					
Signature of Registered Agent SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN						Date			
this reins	statement appli	cation, the reason for dissol	lution has been	eliminated, the corp	orate name satisfies t	the requirements	of section 607.0401 o	I further certify that when filing or 617.0401, F.S., that all fees i), F.S. The information indicated	
*	•	e and accurate, and my sig			• •	oath.			
SIGNAT	URE:	andra		welle	ED	14/44/	lov	941-275-7766	
	SIGI	NATURE AND TYPED OR PRI	NTED NAME OF S	IGNING OFFICER OR	DIRECTOR		Date	Daytime Phone #	

Date

CARL J. GRECO

Accountant 3949 Evans Avenue #205 Fort Myers, FL. 33901 239-275-7766 Fax 239-275-9150

November 22, 2002

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

SUBJ: Town & Country Construction, Inc.

REF: Enclosed UBR report

Dear Ladies & Gentlemen:

My client, captioned above, has requested that I assist them in responding to your recent dissolution of the above corporation.

The officer did not receive her annual UBR report at the address carried on this form. The corporation had moved to the address now shown on this report. She just happened, by chance, to receive your enclosed reinstatement form. We are desperately trying to remedy this terrible situation.

Please accept her enclosed check for \$150 with her sincere apology as her corporation cannot at this time afford the reinstatement fees and penalties.

We thank you for your considerations and appreciate your cooperation in this most serious matter.

Please feel free to call Mrs. DeFreitas or myself to discuss this most unfortunate situation.

Yours truly,

Town & Country Construction, Inc.

Sandra DeFreitas, as president