

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023918

1. Corporation Name

TAYLOR MADE PRINTING, INC.

Principal Place of Business

5971-5 POWERS AVE.
JACKSONVILLE FL 32217

Mailing Address

5971-5 POWERS AVE.
JACKSONVILLE FL 32217



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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2001

5. FEI Number

59-3527240

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
President	Lydia Cowell-Taylor	3554 W. Ride Dr	Gaith FL 32223
Vice president	Vencie Taylor	3554 W. Ride Dr	Gaith FL 32223

800009166868

11/22/02--01035--010 **150.00

8. Name and Address of Current Registered Agent

COWELL-TAYLOR, LYDIA M
5971-5 POWERS AVE.
JACKSONVILLE FL 32217

9. Name and Address of New Registered Agent

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

Lydia Taylor
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-18-02

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:

Lydia Taylor
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-02

Daytime Phone #

904-993 5629

904-730-0552

CR2E040 (8/02)

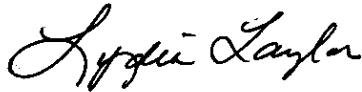
Date: November 18, 2002

Document Number: P01000023918
Corporation Name; Taylor Made Printing

To whom it may concern,

Enclosed is a check for the amount of \$150.00 to reinstate our Corporation. Our Company was unaware of the filing fees and did not receive any information packet or bills from the State of Florida advising us of our debt. Please know, that we are well aware of the procedures now.

Thank you
Sincerely,

A handwritten signature in cursive script, reading "Lydia Taylor". The signature is written in dark ink and is positioned above the printed name and title.

Lydia Taylor
President