

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082013

1. Corporation Name

TATE HAULERS, CORP.

Principal Place of Business

Mailing Address

41241 LITTLE FARM RD
PUNTA GORDA FL 33982

41241 LITTLE FARM RD
PUNTA GORDA FL 33982

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

08/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1133307

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
P	TATE, ROBERT	9690 NW 75 ST	FT. LAUDERDALE FL 33314

400023767504
10/13/03--01033--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TATE, ROBERT
41241 LITTLE FARM RD
PUNTA GORDA FL 33982

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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

OCT 8

Date

954-914-9768

Daytime Phone #

CR2E040 (7/03)

COPY

A.P.A.P. *Accounting
and
Tax Specialists Inc.*

*13180 N. Cleveland Avenue Suite #305
North Fort Myers, Florida 33903
(941) 995-9555 Fax (941) 995-4955*

October 10, 2003

Dear Sir or Madam:

Please accept this letter of explanation regarding the filing of the Application for Reinstatement for Tate Haulers Corp. Mr. Tate had some considerable problems with his prior Accountant. That Accountant was the Registered Agent at the time the original report was due. The original report was never given to Mr. Tate to file. As you can see by the enclosed Public Inquiry, Mr. Tate changed his Registered Agent and address in September of 2003.

Due to the negligence of Mr. Tate's prior accountant, his Annual Report was not filed in a timely manner. We would greatly appreciate it if you could waive the penalty and accept the \$150.00 that is enclosed and reinstate this corporation.

If any further information is needed, please to not hesitate to let us know.

Sincerely,

Donna L. Williams