

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 29 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000100666*

1. Corporation Name

*Tom Preston Construction Inc*

2. Principal Office Address

3. Mailing Office Address

*SAME*

Suite, Apt. #, etc.

*140 N.W. 11TH AVE*

Suite, Apt. #, etc.

City & State

*DEIRAY BEACH*

City & State

Zip

*33444*

Country

*FLORIDA*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ 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

*Tommy Preston*

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

*140 N.W. 11TH AVE*

Suite, Apt. #, Etc.

City

*DEIRAY BEACH*

State

*FL*

Zip Code

*33444*

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

*Tommy Preston*

REGISTERED AGENT MUST SIGN

Date

*10/29/04*

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
<i>P</i>	<i>Tommy Preston</i>	<i>140 N.W. 11TH AVE</i>	<i>DEIRAY BEACH, FL 33444</i>

500042698875  
11/12/04--01065--003 \*\*450.00

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 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:

*Tommy Preston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10/29/04*

Daytime Phone

*MM*

**Tommy Preston Construction, Inc.**  
**140 N.W. 11<sup>th</sup> Avenue**  
**Delray Beach, FL 33444**

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Florida Department of State  
Division of Corporation  
PO 6327  
Tallahassee, Florida 32314

**RE: CORPORATION REINSTATEMENT**

The necessary documents needed to reinstate Tommy Preston Construction, Inc. were never received. Therefore, I am requesting that you please waive all additional fees and fines, so that the company may proceed with reinstatement.

Sincerely,



Tommy Preston