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 NOV -3 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000070249**

1. Corporation Name

TOTAL MAINTENANCE CARE, INC.

Principal Place of Business	Mailing Address
2582 SW CALDER ST. PORT ST. LUCIE FL 34953	2582 SW CALDER ST. PORT ST. LUCIE FL 34953

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

REINSTATEMENT 07

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/24/2002

5. FEI Number ☐ 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
D	WATFORD, ANDRE E	2582 SW CALDER ST.	PORT ST. LUCIE FL 34953

500024381045
11/03/03--01068--010 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WATFORD, ANDRE E 2582 SW CALDER ST. PORT ST. LUCIE FL 34953	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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 Andre E Watford Date: 10-25-03
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 Andre E Watford 10-25-03 772 871-6219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HI, MY NAME IS ANDREE WATFORD
THE OWNER OF TOTAL MAINTENANCE CARS INC
WHICH I JUST TURN MY BUSINESS
CORPORATE. I TALKED TO SOMEONE AT
YOUR OFFICE I EXPLAINED THAT
MY BUSINESS IS A NEW CORPORATION
AND I HAVN'T RECEIVED ANY NOTICES
OTHER THAN THIS ONE WHICH STATED
I WAS LATE. SHE TOLD BE TO WRITE
THIS LETTER EXPLANNING AND SEND A
$150.00 CHECK AND EVERYTHING WOULD
BE ALL RIGHT.

THANK FOR ALL YOUR
HELP ANDREE WATFORD.