

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 26 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000122927

1. Corporation Name

T & D Installations of Sarasota, Inc.

REINSTATEMENT 03

2. Principal Office Address

4017 Swift Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34232

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

5. FEI Number

41-2067632

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

Daniel L. Prewett

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

5777 Beneva Road South

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34233

300025069283

11/20/03 01035-014 **150 00

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

[Signature]

REGISTERED AGENT MUST SIGN

Daniel Prewett

Date

11/25/03

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
P/D	John F. Lamb	4017 Swift Rd.	Sarasota FL 34232
S/D	Humberto Fernandez	" "	" "
T/D	Gerry Blackwell	" "	" "

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-03

Date

941-376-0346

Daytime Phone #

CR2E081 (10/02)

T & D Installations of Sarasota, Inc.
4017 Swift Road
Sarasota, FL 34232
(941) 926-0222 Fax (941) 924-4167

November 25, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Gentlemen,

This letter is in reference to the administrative dissolution of my corporation, T & D Installations of Sarasota, Inc. that was filed on September 19, 2003. The address listed for the corporation was 4607 Webber St. Sarasota, FL, but shortly after forming the corporation we relocated to 4017 Swift Road, also in Sarasota. The forwarding service of the USPS expired and we no longer received mail sent to the Webber address. We never received the UBR and thus never renewed our corporate status with the state. Upon our attempt to file the re-issuance for Worker's Comp., we realized what had happened. Please understand that there was no intentional disregard for the laws and regulations set forth to govern corporations by any director of T & D. Please accept the enclosed \$150.00 check, and reinstate our company in good standing.

In sincere appreciation of your consideration, I remain,

Sincerely,



John F. Lamb

Enc.