

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000004699

1. Corporation Name

TM Construction of Sarasota, Inc.

2. Principal Office Address - No P.O. Box #

2226 Grove Street

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34239

Country

Sarasota FL

3. Mailing Office Address

2226 Grove Street

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34239

Country

Sarasota FL

7. Name and Address of Current Registered Agent

Name

Barbara Stephens

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

2226 Grove Street

Suite, Apt. #, Etc.

City

Sarasota FL

State

FL

Zip Code

34239

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

Barbara Stephens

REGISTERED AGENT MUST SIGN

Date 04/21/2008

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
PTD	Barbara Stephens	2226 Grove Street	Sarasota FL
VSD	Pauline Totten	2226 Grove Street	Sarasota FL

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 contained in Chapter 119, 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: *Barbara Stephens*

Barbara Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2008

Date

(940) 504-4005

Daytime Phone #

FILED

08 MAY -1 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000128029550
05/01/08--01012--013 **758.75

REINSTATEMENT 04-08

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/2003

5. FEI Number
27-0039128

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.