

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 26 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000101343

1. Corporation Name

T & G OF ORLANDO, INC.

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

1209 N. JEFFERSON STREET

3. Mailing Office Address

1209 N. JEFFERSON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PERRY, FL.

City & State

PERRY, FL.

Zip

32347

Country

Zip

32347

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

13-4264582

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
HARUNUR RASHID

Street Address (P.O. Box Number is Not Acceptable)
1209 N. JEFFERSON STREET

Suite, Apt. #, Etc.

City
PERRY

State
FL

Zip Code
32347

☒ 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.

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

Harun Rashid

Date **11/26/07**

REGISTERED AGENT MUST SIGN

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
PSTD	HARUNUR RASHID	1209 N. JEFFERSON STREET	PERRY, FL 32347
D	HARUNUR RASHID	1209 N. JEFFERSON STREET	PERRY, FL 32347

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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:

Harun Rashid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/07

Date

Daytime Phone #

B. Mitchell NOV 26 2007