

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000112169

1. Corporation Name

T & A Contractors, Inc.

2. Principal Office Address

5641 Cherokee Nene

Suite, Apt. #, etc.

City & State

Crestview, FL.

Zip

32536

Country

US

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-10-03

5. FEL Number

200010024

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

Randy Thomas

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

5641 Cherokee Nene

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32536

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

Randy Thomas

REGISTERED AGENT MUST SIGN

Date 5-31-06

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	Randy Thomas	5641 Cherokee Nene	Crestview, FL. 32536
VP	Tim Armstrong	5915 Oak Hill Rd	Crestview, FL. 32536
		000076207010 06/14/06--01043--017 **450.00	
		<i>\$7618</i>	

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:

Randy Thomas

Randy Thomas

5-31-06

850-682-6804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T & A Contractors, Inc.

**5641 Cherokee Nene
Crestview, Florida 32536
(850) 682-6804
(850) 682-9769 (fax)
(850) 259-7485 (cell)
Nextel: 49172
Southern Linc: 11773**

May 31, 2006

To whom it may concern:

To my knowledge our corporation did not receive the annual report notices for 2004, 2005, or 2006. Please waive the reinstatement fees for these years. A check is enclosed for annual reports and supplemental fees for each year along with the reinstatement form.


Randy Thomas