


2006 FOR PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

DOCUMENT # P04000036304 1. Entity Name TLD CORPORATION OF LEE COUNTY INC.					
Principal Place of Business 1524 SE 14TH ST CAPE CORAL, FL 33990 US			Mailing Address 4612 SW 15TH AVE CAPE CORAL, FL 33914 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIDSON, THOMAS L 4612 SW 15TH AVE CAPE CORAL, FL 33914				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Thomas L. Davidson</u> Thomas L. Davidson DATE <u>2/7/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDSON, THOMAS L 4612 SW 15TH AVE CAPE CORAL, FL 33914		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900065817729 02/14/06--01016--023 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Thomas L. Davidson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			239-772-1900 <small>Date Daytime Phone #</small>		

FILED

06 FEB -9 PM 4:01



02062006 REIN-P CR2E098 (11/05)

4. FEI Number 80-0098023 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2/7/06

B 2/10/06

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TLD Corporation of Lee County, Inc.
4612 S.W. 15th Avenue
Cape Coral, Florida 33914
(239) 772-1900

UNOFFICIAL COPY

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

February 7, 2006

RE: 2006 Uniform Business Report
Doc # P04000036304

Dear Sir or Madam:

Please abate the late filing penalty for our corporation, we did not receive the first or second notices, due to a problem with our local post office.

Thank you for your consideration in this matter.

Very truly yours,



Thomas L Davidson, President