

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000041862

1. Corporation Name

T & M Painting, Maynard, INC

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

11604 NE 21st Place

Suite, Apt. #, etc.

City & State

Silver Springs Florida

Zip

34488

Country

United States

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

300157480793
06/19/09--01021--018 **500.00

REINSTATEMENT
07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Maynard Amsden

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

11604 NE 21st Place

Suite, Apt. #, Etc.

City

Silver Springs

State

FL

Zip Code

34488

☐ 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

Maynard R Amsden
REGISTERED AGENT MUST SIGN

Date 7-7-2009

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	Maynard Amsden	11604 21st Place	Silver Springs, FL 34488
V	Cristopher Amsden	11604 21st Place	Silver Springs, FL 34488
S	Mary M Gavin	11604 21st Place	Silver Springs, FL 34488

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:

Maynard R Amsden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-2009

Date

352 8173734

Daytime Phone #

2/10/09