

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000136138

1. Corporation Name

T. SMALL CONSTRUCTION, INC.

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

3890 W. COMMERICAL BLVD

Suite, Apt. #, etc.

SUITE 211

City & State

TAMARAC FL

Zip

33309

Country

US

3. Mailing Office Address

P.O. BOX 16093

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33318

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/2004

5. FEI Number
201499463

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

TONEY SMALL

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

3890 W. COMMERICAL BLVD

Suite, Apt. #, Etc.

SUITE 211

City

TAMARAC

State

FL

Zip Code

33309

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	TONEY SMALL	P.O. BOX 16093	PLANTATION, FL 33318

10. E-mail Address: **TSMALL1049@AOL.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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:

TONEY SMALL

11/30/2009 954-326-9953

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 DEC -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400163256524
12/02/09--01033--007 **300.00

REINSTATEMENT

08-09

12/30