

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000164527

1. Entity Name
T & I OF NORTH FLORIDA, INC.



FILED
06 JUN 26 11:19
TALLAHASSEE, FLA

Principal Place of Business
1173 S. EDGEWOOD AVENUE
JACKSONVILLE, FL 32205 US

Mailing Address
1173 S. EDGEWOOD AVENUE
JACKSONVILLE, FL 32205 US

2. Principal Place of Business
1171 S. Edgewood Ave
Suite, Apt. #, etc.

3. Mailing Address
1171 S. Edgewood Ave
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32205

Country
USA

Zip
32205

Country
USA



REINSTATEMENT
06202006 REINSTATEMENT 0506

4. FEI Number
26-0101505

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
ISRAEL ALVARENGA
Street Address (P.O. Box Number is Not Acceptable)
10971 KURALEI DRIVE
City
Jacksonville FL Zip Code
32246

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARENGA, TONY 10971 KURALEI DRIVE JACKSONVILLE, FL 32246 <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	D ALVARENGA, ISRAEL 10971 KURALEI DRIVE JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200077156992 07/07/06--01048--008 **900.00
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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: *[Signature]* 6-22-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. 11388-1002