

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT
2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000101985

1. Corporation Name

T & C Service Providers, INC.

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

18711 NW 39th Court
Suite, Apt. #, etc.

City & State

miami Gardens FL

Zip

Country

33055

USA

3. Mailing Office Address

18711 NW 39th Court
Suite, Apt. #, etc.

City & State

miami Gardens FL

Zip

Country

33055

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

December 19, 2010

5. FEI Number

38-3827813

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

Claudette Walther-Davis

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

18711 NW 39th Court

Suite, Apt. #, Etc.

miami Gardens

City

State

Zip Code

FL

33055

800280571418
01/04/16--01039--009 **750.00

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

Claudette Walther-Davis

Date 12/30/15

REGISTERED AGENT MUST SIGN

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
President	Claudette Walther-Davis	18711 NW 39th Court	miami Gardens FL 33055
Vice President	Anthony B. Davis	18711 NW 39th Court	miami Gardens FL 33055

10. E-mail Address: claudette1987@yahoo.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Claudette Walther-Davis / Claudette Walther-Davis

12/30/15

(305)804-1674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. ASHTON