

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000027255

1. Corporation Name

TAYLOR FIRE PROTECTION, INC.

FILED

02 OCT 28 PM 1:14

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business

4695 LOWN ST.  
ST. PETERSBURG FL 33714  
US

Mailing Address

4695 LOWN ST.  
ST. PETERSBURG FL 33714  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4675 LOWN ST.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33714 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4675 LOWN ST.

City & State

ST. PETERSBURG, FL

Zip

33714 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/1994

5. FEI Number

59-3235408

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

1

Name of Officers  
and/or Directors

2

Street Address of Each  
Officer and/or Director

3

City / State / Zip

4

D

TAYLOR, TIMOTHY

9605 71ST AVE E

PALMETTO FL 34221

4000008628924

10/28/02--01098--016 \*\*150.00

OLUBZ

1178

8. Name and Address of Current Registered Agent

TAYLOR, TIMOTHY  
9605 71ST AVE E  
PALMETTO FL 34221

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-23-02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 127-522-3812

Date

Daytime Phone #

CR2E040 (8/02)

**Taylor Fire Protection, Inc.**

4675 Lown Street, St. Petersburg, FL 33714

Phone (727) 522-3812 • FAX (727) 522-3773



October 24, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

Taylor Fire Protection Inc. is asking the reinstatement penalty be removed. Taylor Fire  
did not receive the previous forms sent, due to the incorrect address on the form.

If you have any questions please feel free to contact our office at (727) 522-3812.

Sincerely,

A handwritten signature in cursive script that reads "Timothy E. Taylor".

Timothy E. Taylor  
President

cs/TET