

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

P94000058999

1. Corporation Name

T-Square Framing, Inc.

REINSTATEMENT 03

300025391763
12/10/03--01060--013 **758.75

2. Principal Office Address

1185 Cherry Stone Ct.

Suite, Apt. #, etc.

Unit D

City & State

Naples FL.

Zip
34102

Country

Collier

3. Mailing Office Address

1185 Cherry Stone Ct.

Suite, Apt. #, etc.

Unit D

City & State

Naples FL.

Zip
34102

Country

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

8/17/94

5. FEI Number

650510203

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

J. Claude Blais, President

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

1185 Cherry Stone Ct.

Suite, Apt. #, Etc.

Unit D.

City

Naples

State
FL

Zip Code
34102

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

J. Claude Blais

REGISTERED AGENT, MUST SIGN

Date 12/04/03

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	J. Claude Blais	1185 Cherry Stone Ct. #D	Naples FL 34102

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 under section 119.07(3)(l), 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:

J. Claude Blais

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Claude Blais - President

Date

12/8/03 (239)
404-6138

Daytime Phone #

CR-2001 (10/02)