

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -8 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000069809

1. Corporation Name

T&L Contractors, Inc.
750 S Orange Blossom Trail
Orlando, FL 32805

2. Principal Office Address

750 S Orange Blossom Trail

3. Mailing Office Address

PO Box 697031

Suite, Apt. #, etc.

44

Suite, Apt. #, etc.

City & State

Orlando

City & State

Orlando, Florida

Zip

32805

Country

U.S.

Zip

32805

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/22/1994

5. FEI Number

59-3725348

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

Loretta Tarlburt

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

750 S Orange Blossom Trail

Suite, Apt. #, Etc.

44

City

Orlando

State

FL

Zip Code

32805

900042575409

11/09/04--01005--005 **450.00

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

Loretta Tarlburt

REGISTERED AGENT MUST SIGN

Date

11/8/2004

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	William Tarlburt	750 S ORT	Orlando, FL 32805
VP	Loretta Tarlburt	750 S ORT	Orlando, FL 32805

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)(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:

Loretta Tarlburt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-04

Date

407-496-2524

Daytime Phone #

11/ 8 / 2004

To Whom It may Concern:

I did not receive my 2002 annual renewal notice due to address change and therefore my corporation was dissolved. I requested that any and all penalties fees be waived. Thank you for your assistance.

Sincerely,

Loretta Lailbert