

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000069809

1. Corporation Name

T & L CONTRACTORS, INC

2. Principal Office Address - No P.O. Box #  
1139 POPPY AVE

Suite, Apt. #, etc.

City & State  
ORLANDO, FL.

Zip Country  
32811 US

3. Mailing Office Address  
2079 ASHLAND BLVD

Suite, Apt. #, etc.

City & State  
ORLANDO, FL.

Zip Country  
32808 US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/22/1994

5. FEI Number  
593725348

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  
JACKIE TARLBERT

Street Address (P.O. Box Number is Not Acceptable)  
1139 POPPY AVE

Suite, Apt. #, Etc.

City  
ORLANDO

State Zip Code  
FL 32811

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Jackie R. Tarlburt*  
REGISTERED AGENT MUST SIGN

Date 5/27/2009

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	JACKIE TARLBERT	1139 POPPY AVENUE	ORLANDO, FL. 32811
VP	CLIMMIE TARLBERT	1139 POPPY AVENUE	ORLANDO, FL. 32811
F	Climmie Tarlburt	1139 Poppy Ave	Orlando, Fl. 32811
D	Tracy Harris	1139 Poppy Ave	Orlando, Fl. 32811

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 contained in Chapter 119, 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:

*Jackie R. Tarlburt*

JACKIE TARLBERT

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

05/27/2009

Date

321-689-1166

Daytime Phone #

FILED

09 JUN 17 PM 4:50

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

REINSTATEMENT

800157434308  
06/19/09--01005--008 \*\*608.75  
CR2E081 (12/08)

06-09  
*[Signature]*