

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY 19 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077993**

1. Corporation Name

TAURUS CONSTRUCTION SER., INC.

800055567768
06/01/05--01013--006 **1050.00

2. Principal Office Address

16115 63RD N.

3. Mailing Office Address

PO. BOX 348

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FLA

City & State

LOX. FLA.

Zip

33470

Country

P.BCH.

Zip

33470

Country

P.BCH.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

650576756

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

SHAW SANDRA

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

14611 SOUTHERN BLVD.

Suite, Apt. #, Etc.

348

City

LOXAHATCHEE

State

FL

Zip Code

33470

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

Sandra K Shaw
REGISTERED AGENT MUST SIGN

Date **5-16-05**

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.S.	PAUL SHAW	16115 63RD N.	LOX. FLA. 33470
V.P.T.	CAROLYN SHAW	524 BYON ST.	HUNT. IND. 46750

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:

Paul F. Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-16-05

Daytime Phone #

817918291

CR2E081 (01/04)