

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 26 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000044842

1. Corporation Name

Services For Contractors of Florida, Inc.

2. Principal Office Address

908 McIntosh Dr.

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33510

Country

USA

3. Mailing Office Address

P. O. Box 2577

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33509

Country

USA

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

06/12/1995

5. FEI Number

59-3316927

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

Thomas D. Timm

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

908 McIntosh Dr.

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33510

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**

REGISTERED AGENT MUST SIGN

Date

7/24/02

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	Thomas D. Timm	908 McIntosh Dr.	Brandon, FL 33510
V	Rodger K. Lowe	6404 Holloman Creek Ct.	Plant City, FL 33565

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/02 813 657 503

7/30/02

REINSTATEMENT 98-02

CR2E081 (9/01)