

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 MAR -5 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95 000045740**

1. Corporation Name
TOTAL HOME IMPROVEMENT OF SOUTH FLA/INC

Principal Place of Business Mailing Address
420 N. STATE ROAD #7
PLANTATION, FLORIDA 33317

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6/7/95	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0597134	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	WILLIAM PATRICK	420 N. STATE ROAD #7	PLANTATION FL 33317

200002453212-7
 -03/10/98--01106--013
 *****900.00 *****900.00

REINSTATEMENT 97-98
 Q. Alan
 3/5/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name	
		WILLIAM PATRICK	
		Street Address (P.O. Box Number is Not Acceptable)	
		420 N. STATE ROAD #7	
		Suite, Apt. #, Etc.	
		City	
		PLANTATION	
		State	Zip Code
		FL	33317

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *William Patrick*
 REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: *William Patrick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)