

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



REINSTATEMENT-2000

DOCUMENT # P95000057307

1. Corporation Name

T AND R MECHANICAL CONTRACTORS, INC.

Principal Place of Business

ROUTE 1, BOX 267B
BLOUNSTOWN FL 32424

Mailing Address

ROUTE 1, BOX 267B
BLOUNSTOWN FL 32424

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1995

5. FEI Number

59-3327995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	City / State / Zip
1	2	3	4
VP	BAILEY, TERESA	RT 1 BOX 267	BLOUNSTOWN FL 32424
TD	BAILEY, ROYCE G	ROUTE 1, BOX 267B	BLOUNSTOWN FL 32424
P	WATSON, BEN	875 DOCKWALLER RD	CORDELE GA 31015

100003455331--2
11/07/00 01076 013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

[Handwritten signature]
REGISTERED AGENT MUST SIGN

Date

10/16/00 TB

11. 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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850)
10/16/00 674 8900
Date Daytime Phone #