

APPLICATION
FOR
REINSTATEMENT



Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAR 24 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
TAYLOR MANUFACTURING COMPANY, INC.
150 WEST OAKDALE
CRESTVIEW, FL 32536

Mailing Address

**150 WEST OAKDALE
CRESTVIEW, FL 32536**

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

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida
12/29/95 effective 12/31/95

Suite, Apt. #, etc.

City & State

Country

SAFE Number

59-3355478

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Mary A. Lewis	150 West Oakdale	Crestview, FL 32536
D	William N. Wilson	150 West Oakdale	Crestview, FL 32536
D	Clare Wilson-Wilkes	150 West Oakdale	Crestview, FL 32536
D	Clare T. Wilson	150 West Oakdale	Crestview, FL 32536
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>8000002123418-4</p> <p>03/25/91 01047-022</p> <p>***915.00 ***915.00</p> </div> <div style="text-align: center;"> <p>REINSTATEMENT</p> <p>96-97</p> <p><i>Dr. Allen</i></p> </div> </div>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Alan M. Gross
One Progress Plaza
Barnett Tower, Suite 1210
St. Petersburg, FL 33701

Name _____

James N. Powell.

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

One Progress Plaza

Suite, Apt. #, Etc.

Barnett Tower, Suite 1210

City

St. Petersburg

State

FL

Zip Code

33701

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**

James N. Powell

REGISTERED AGENT MUST SIGN

Date 2-25-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.