

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

1997 NOV 17 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000002627

1. Corporation Name

T. M. CONSTRUCTION SPECIALIST, INC.

Principal Place of Business

3494 ASPEN PLACE
PALM CITY FL 34990

Mailing Address

3494 ASPEN PLACE
PALM CITY FL 34990



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

2. New Principal Office Address, If Applicable

1070 S.W. Rio Vista Way
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

City & State
Palm City, FL
Country

Zip
34990

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1996

5. FEI Number

65-0641048

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
PSD	MASON, TIMOTHY R	3494 ASPEN PLACE 1070 S.W. Rio Vista Way	PALM CITY FL 34990

500002352455--1
-11/19/97--01104--018
****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

MASON, TIMOTHY R
3494 ASPEN PLACE
PALM CITY FL 34990

9. Name and Address of New Registered Agent

Name

Timothy R. Mason

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

1070 S.W. Rio Vista Way

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

REGISTERED AGENT MUST SIGN

Date

11/14/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)