

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *File*

APPLICATION
FOR



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

FILED

01 JAN 11 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000013060*

1. Corporation Name

TNT PROFESSIONAL FINISHES, INC

Principal Place of Business

6405-49TH ST N #B

PINELLAS PARK, FL 33781

Mailing Address

6405-49TH ST N #B

PINELLAS PARK, FL 33781

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/96

5. FEI Number

59-3336340

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<i>D</i>	<i>ECHOLS, THOMAS W</i>	<i>6405-49TH ST N #B</i>	<i>PINELLAS PARK, FL 33781</i>

9000003575939-9

-01/26/01--01026--019

****150.00 ***150.00*

DD UBR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ECHOLS, THOMAS W
6405-49TH ST N #B
PINELLAS PARK, FL 33781

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

X Thomas Echols

REGISTERED AGENT MUST SIGN

Date *Dec 5-2008*

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: *X Thomas Echols*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dec-5-2008

827-522-9506

PAYMENT

TNT Professional Finishes, Inc.
6405 - 49th St. N. #B
Pinellas Park, FL 33781
December 5, 2000

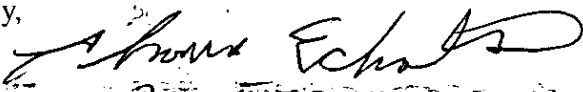
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

While checking the internet for my corporation, I found it to be inactive. I talked to my accountant, and he said that I should have received a Renewal Notice back in January. To date, I haven't received any notification.

Enclosed is a check for \$150.00 along with a copy of a renewal notice.

Thank you.

Sincerely,


Dec 5 - 2000

Thomas Echols
President
TNT Professional Finishes, Inc.