

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 AM 10:54

DOCUMENT # P96000028830

1. Corporation Name

T. L. RENAUD, INC.

Principal Place of Business

8081 GILLIAM ROAD
APOPKA FL 32703

Mailing Address

PO BOX 186
CLARCONA FL 32710
US



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

03/27/1996

5. FEI Number

59-3382387

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 3	City / State / Zip 4
STD	RENAUD, REBECCA	8081 GILLIAM ROAD	AP0PKA FL 32703
PD	RENAUD, TIMOTHY	8081 GILLIAM ROAD	AP0PKA FL 32703

000004658220--1
-10/30/01--01005--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

RENAUD, TIMOTHY
8081 GILLIAM ROAD
APOPKA FL 32703

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

Timothy Renaud
REGISTERED AGENT MUST SIGN

Date 10-12-01

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:

Timothy Renaud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01

Date

Daytime Phone #

407 886 9747

CR2E040 (8/01)

T.L. Renaud, Inc.

Telephone 407-886-9747

P.O. Box 186
Clarcona, Florida 32710-0186

October 12, 2001

Re: FEIN 59-3382387

To Who it May Concern:

Thank you for advising us of our failure to file our 2001 Business Report. Enclosed please find report and payment.

We apologize for this oversight and hope we may be forgiven due to physical injury suffered by my wife Rebecca, as the result of an auto accident. Unfortunately she suffered a head/brain injury which is slow to recover. She is currently under the care of three doctors.

With guidance from our CPA, who is aware of our current situation, I guarantee this will not occur again.

Thank you for your consideration.

Sincerely,

Timothy L. Renaud