

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P96000081019

1. Corporation Name

TRI-COUNTY DEMOLITION, INC.

Principal Place of Business

10331 NW 24TH CT
SUNRISE FL 33322

Mailing Address

10331 NW 24TH CT
SUNRISE FL 33322

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0700524

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	STERN, TONI	10331 NW 24TH CT	SUNRISE FL 33322

8. Name and Address of Current Registered Agent

STERN, TONI
10331 NW 24TH CT
SUNRISE FL 33322

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 Toni Stern

Date 10/24/97

REGISTERED AGENT MUST SIGN

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

10/24/97

Date

954-572-9322

Daytime Phone #



FILED
97 OCT 29 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CFR0040 (8/97)

2

Tri County Demolition

10331 N.W. 24 CT.
Sunrise, FL 33322

Telephone 954-572-9322
Fax 954-572-5401

October 24, 1997

Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Document# P96000081019

Dear Sirs,

Please note that on 10/22/97 I received a notice that the Articles of Incorporation has been dissolved. After some research I discovered that we did file the report on time. (See attached canceled check)

I spoke to Stacey Pratar in your office and she told me that you did accept the money but our report was returned because we did not fill out block 4, which was the EIN#. I do not have any record of this report being returned, therefore, Stacey told me to fill out the reinstatement report and send it in as soon as possible without having to pay the reinstatement fee.

If you have any questions regarding this matter please refer to Stacey Pratar who handled this situation for me.

Thank you for your time.

Sincerely,


Anita Lopez
Administrative Assistant

AL/enclosure