

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000036683**

1. Corporation Name

TCB CONSTRUCTION SERVICES, INC.

Principal Place of Business

Mailing Address

1413 SILVERTHORN DR
ORLANDO FL 32825

1413 SILVERTHORN DR
ORLANDO FL 32825

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

5104 North Orange Blossom Tr. Suite #110

City & State
Orlando FL

City & State
Orlando, FL

Zip
32810

Country
USA

Zip
32810

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1997

5. FEI Number

59-3438290

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
PO	LANGSTON, KAREN	1413 SILVERTHORN DR.	ORLANDO FL 32825
PO	Van Dam, Michele	5032 Fawn Ridge Rd.	Orlando FL 32819

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANGSTON, KAREN
1413 SILVERTHORN DR.
ORLANDO FL 32825

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. or 617.0505, F.S.

Signature of
Registered Agent

Karen Langston
REGISTERED AGENT MUST SIGN

Date

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:

Karen Langston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

TCB CONSTRUCTION SERVICES, INC.

5104 N Orange Blossom Trail Ste 110

ORLANDO, FL 32810

(407) 297-7405

(407) 297-7406

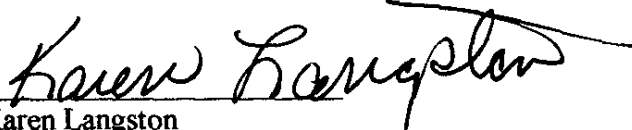
October 14, 2003

To Whom it May Concern,

TCB Construction Services did not receive any prior
Uniform Business Reports notices. E

Enclosed is the Reinstatement form and check# 6022 for \$61.25.

Thank You,



Karen Langston

TCB Construction Services