

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000058579**

1. Corporation Name

TOM'S TOTAL PROPERTY MAINTENANCE CO., INC.

Principal Place of Business

9964 110TH LANE N
SEMINOLE FL 33772

Mailing Address

9964 110TH LANE N
SEMINOLE FL 33772

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

07/03/1997

5. FEI Number

59-3454321

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
PSTD	STIPP, THOMAS R	9964 110TH LANE N <i>10421 110th Way N.</i>	SEMINOLE FL 33772 <i>LARGO FL 33778</i>
VP	STIPP, GLENN C	9964 110TH LANE NORTH	SEMINOLE FL 33772

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11/21/02--01099--009 **150.00

8. Name and Address of Current Registered Agent

STIPP, THOMAS R
9964 110TH LANE N
SEMINOLE FL 33772

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Stipp Thomas R
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-16-02**

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:

Stipp Thomas R
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-02 (727) 643-3011
Date Daytime Phone #

CR2ED-040 (8-02)

Tom's Total Property Maintenance Co., Inc.

"We Soar High Above Our Competitors"

November 18, 2002

Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir / Madam:

After talking with your office today @ 8:37 a.m. She advised me to send you a letter stating that I did not receive the prior notices, perhaps because of the address's changes.

She also advised me to send you a check in the amount of \$150.00 plus the reinstatement Application along with this letter.

The document # is P97000058579, I check with my accountant he stated that he also did receive any prior notices.

I apology for any inconvenience this has caused.

Respectfully:



Tom Stipp (pres.)