

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED
AND
FILED

98 NOV 19 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000105406

1. Corporation Name

T AND T OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

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

Suite, Apt. #, etc.
4727 N. Monroe St.

Suite, Apt. #, etc.
4727 N. Monroe St.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32303

Country
USA

Zip
32303

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

12/15/1997

5. FEI Number
59-3535486

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 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
D	GARDNER, CHARLES R	1300 THOMASWOOD DRIVE	TALLAHASSEE FL 32312
P/D	Terry C. Nelson	P.o. Box 13671 N-A	Tallahassee, FL 32317
VP/D	Thomas B. Asbury	3424 Dorchester Court	Tallahassee, FL 32308
VP/D	Mehrdad Ghazvini	4727 N. Monroe St	Tallahassee, FL
			000002695100--4 -11/24/98--01033--009 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARDNER, CHARLES R
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/16/98

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)