

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P5192

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2000462

FILED

00 OCT 16 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009536

1. Corporation Name

TC CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

4711 NW 41ST CT
LAUDERDALE LAKES FL 33319

4711 NW 41ST CT
LAUDERDALE LAKES FL 33319

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1998

5. FEI Number

65-0815117

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
D	ELLIOTT, ANTHONY	4711 NW 41ST CT	LAUDERDALE LAKES FL 33319
D	ELLIOTT, CLAUDIA	4711 NW 41ST CT	LAUDERDALE LAKES FL 33319
			200003440212--1
			-10/26/00--01044--025
			****158.75 ****158.75
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELLIOTT, ANTHONY
4711 NW 41ST CT
LAUDERDALE LAKES FL 33319

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

Anthony Elliott
REGISTERED AGENT MUST SIGN

Date 10/13/00

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:

Anthony Elliott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

Date

954) 739-5467

Daytime Phone #

CR2040 (8/00)

4711 NW 41ST CT
LAUDERDALE LAKES
FLORIDA 33319

P8292

TC CONSTRUCTION INC.

Ref: TC CONSTRUCTION , INC. document number: P98000009536

October 13, 2000

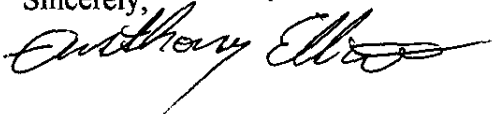
Division Of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I am requesting that you reinstate my business license, I originally sent in application and check in April. I have not received check back as cleared from the back, I assume it was lost in the mail, I am a small business owner and would not jeopardize my business and not take care of this matter. I was not aware of you not receiving this payment. \$600 late fee is a hardship considering I did mail my payment at the time I was suppose to and it is no fault of mine that it was not received.

Thank you for your consideration in this matter, I have a family to take care of and I need my license to provide for them.

Sincerely,



Anthony D. Elliott

