

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
IN SENATE OFFICE

2000/10/23

FILED

00 OCT 31 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000071617

1. Corporation Name

TAYLORS PROFESSIONAL PAINTING, INC.

Principal Place of Business

Mailing Address

1552 SIXTH STREET, SE
WINTER HAVEN FL 33880

1552 SIXTH STREET, SE
WINTER HAVEN FL 33880

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
387 State Road 559

3. New Mailing Office Address, If Applicable
387 State Road 559

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Auburndale FL

City & State
Auburndale FL

59-359-3548

Not Applicable

Zip 33823 Country USA

Zip 33823 Country USA

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	TAYLOR, MITCHELL T	387 STATE ROAD 559	AUBURNDALE FL 33823
D	TAYLOR, MITCHELL H	515 TANGLEWOOD DR.	AUBURNDALE FL 33823
D	HOVIOUS, KENT S	215 WHITE CLIFF BLVD.	AUBURNDALE FL 33823

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-11/20/00--01013--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAMMONS, ROBERT O
1552 SIXTH STREET, SE
WINTER HAVEN FL 33880

Name
Mitchell T. Taylor
Street Address (P.O. Box Number is Not Acceptable)
387 State Road 559
Suite, Apt. #, Etc.

City
Auburndale
State
FL
Zip Code
33823

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] Mitchell T. Taylor
REGISTERED AGENT MUST SIGN

Date October 23, 2000

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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 23, 2000

Date

Daytime Phone #

KE

863-967-2662

CR2E040 (8/00)

20f2

FLOYD AND SAMMONS, P.A.
ATTORNEYS AT LAW
1552 SIXTH STREET, S.E.
WINTER HAVEN, FLORIDA 33880-4509
FLOYDSAM@GTE.NET

THOMAS C. FLOYD
ROBERT O. SAMMONS

AREA CODE 863
TELEPHONE 293-3801
FACSIMILE 294-0976

October 24, 2000

VIA CERTIFIED MAIL RETURN RECEIPT
REQUESTED #7000 0520 0018 3786 3422

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Taylors Professional Painting, Inc.

Gentlemen:

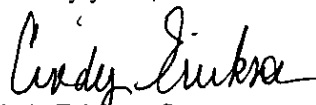
This firm represents Taylors Professional Painting, Inc. Floyd & Sammons, P.A., is currently the registered agent for Taylors Professional Painting, Inc.

We received the enclosed Notice of Administrative Dissolution or Revocation on Friday, October 13 and immediately contacted your office. I talked with Kathy Ashton of your reinstatement department. Kathy informed me that the annual report form for said corporation is in your file with a note stating that it was returned to you by the postal service due to an incorrect address. We confirmed our mailing address and it is correctly listed in your files.

Please consider this letter our request for you to grant a one-time waiver of the reinstatement fee due to the fact that we did not receive the annual report form or any other correspondence prior to our receipt of this Notice of Administrative Dissolution.

I am enclosing our client's check in the amount of \$150.00 for your annual report filing fee along with the completed application for reinstatement. Additionally, please note the name and address of the new registered agent in Section 9 and the new principal office address and mailing office address in Sections 2 and 3.

Sincerely yours,



Cindy Erickson Secretary to
Robert O. Sammons

CLE/cle