

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

03 JAN -2 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100402

1. Corporation Name

TMC SEAMLESS GUTTERS, INC.

100009788401
01/02/03--01070--004 **750.00



Principal Place of Business

1210 BANANA RIVER DRIVE
INDIAN HARBOUR BEACH FL 32937

Mailing Address

1210 BANANA RIVER DRIVE
INDIAN HARBOUR BEACH FL 32937

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

REINSTATEMENT 02

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

11/15/1999

5. FEI Number

59-3611209

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KLEIN, MARK	1210 BANANA RIVER DRIVE	INDIAN HARBOUR BEACH FL 32937
D	KLEIN, ANGELA	1210 BANANA RIVER DRIVE	INDIAN HARBOUR BEACH FL 32937

8. Name and Address of Current Registered Agent

KLEIN, MARK
1210 BANANA RIVER DRIVE
INDIAN HARBOUR BEACH FL 32937

9. Name and Address of New Registered Agent

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

Mark Klein **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

12/20/02

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:

Mark Klein **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/02 (321) 772-2551

CR2E040 (8/02)