

PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 15 1999 8:00 am
Secretary of State

DOCUMENT # **S64972**

1. Corporation Name

T AND T CONSTRUCTION INCORPORATED

Principal Place of Business

Mailing Address

8423 QUAIL HOLLOW BLVD.
ZEPHYRHILLS FL 33544
US

8423 QUAIL HOLLOW BLVD
ZEPHYRHILLS FL 33544
US

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
WESLEY CHAPEL

City & State
WESLEY CHAPEL

Zip Country

Zip Country

REINSTATEMENT 1999

4. Date Incorporated or Qualified
To Do Business In Florida

07/09/1991

5. FEI Number

59-3072730

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
P	TSOURAKIS, COSTAS P	8423 QUAIL HOLLOW BLVD	ZEPHYRHILLS FL 33544
S	TSOURAKIS, SUSAN M	8423 QUAIL HOLLOW BLVD	ZEPHYRHILLS FL 33544
VP	HINES, HOWARD	8423 QUAIL HOLLOW BLVD	ZEPHYRHILLS FL 33544
*VP	WATSON, PATRICK	8423 QUAIL HOLLOW BLVD	ZEPHYRHILLS FL 33544
			200003070542--8 -12/15/99--01013--015 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TSOURAKIS, COSTAS P
8423 QUAIL HOLLOW BLVD
ZEPHYRHILLS FL 33544

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]

REGISTERED AGENT MUST SIGN

Date

11-10-99

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-10-99 813-973-3471