

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 SEP -8 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** S75485

**1. Corporation Name**

Tampa Cool Deck, Inc

**2. Principal Office Address**

512 Brentwood Place

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

US

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/23/1991

**5. FEI Number**

65-0293957

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

1992-2005 Reinst  
Mm 9/14

**7. Name and Address of Current Registered Agent**

Name

David E. Mosher

Street Address (P.O. Box Number is Not Acceptable)  
512 Brentwood Place

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

400059463104

09/09/05--01060--009 \*\*2709.75

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

Date

9-1-05

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,S,T	David E. Mosher	512 Brentwood Place	Brandon, FL 33511

**10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. MOSHER

Date

9-1-05

Daytime Phone #

813-688-0419

CR2E081 (01/05)