

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S83941**

1 Corporation Name

TOWN & COUNTRY WOODSHOP, INC.

FILED

96 DEC 20 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13861 SW 142ND AVE
MIAMI FL 33186
US

Mailing Address

13861 SW 142ND AVE
MIAMI FL 33186
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

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0292234

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	CURTIN, DANIEL J.	15351 S.W. 148 ST.	MIAMI FL
D	CURTIN, DEBORAH J.	15351 S.W. 148 ST.	MIAMI FL

JP People

REINSTATEMENT

8. Name and Address of Current Registered Agent

BARTELSTONE, TED H.
TWO SOUTH BISCAYNE BLVD.
SUITE 1550 3570
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

600002040596-3
Street Address (P.O. Box Number is not acceptable)
-12/30/96--01012--006

Suite, Apt. #, Etc.

***375.00 ***375.00

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 12-18-86

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

12/10/96
Date

(305) 238-4262
Daytime Phone #