PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 30 AM 8: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

09 600161182616
09/30/09--01035--012 **300.00

CR2E081 (12/08)

DOCUMENT # V53027

1. Corporation Name

TED TAYLOR CONSTRUCTION INC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
5700 NW 135 AVE	5700 NW 135 AVE
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
MORRISTON FL	MORRISTON FL

Zip	Country	Zip	Country
32668		32668	

4. Date Incorporated or Qualified To Do Business in Florida   07/22/1992

5. FEI Number
59-3134755

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TED TAYLOR

Street Address (P.O. Box Number is Not Acceptable)
5700 NW 135 AVE

Suite, Apt. #, Etc.

City	State	Zip Code
MORRISTON	FL	32668

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____   REGISTERED AGENT MUST SIGN   Date 09/28/2009

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
PD	TED TAYLOR	5700 NW 135 AVE	MORRISTON FL 32668

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 contained in Chapter 119, 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:	TED TAYLOR	09/28/2009	352 351-0117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #