

2009

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gdziak@calfac.com

CORPORATION REINSTATEMENT
TAFT PIT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

\$150.00

1082


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 17 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V14362

1. Corporation Name

TAFT PIT, INC.

2. Principal Office Address - No P.O. Box #

9800 Recycle Center Road

Suite, Apt. #, etc.

Suite A

City & State

Orlando, Florida

Zip

32833

Country

USA

3. Mailing Office Address

5531 Canal Road

Suite, Apt. #, etc.

City & State

Valley View, Ohio

Zip

44125

Country

USA

REINSTATEMENT 2009

4. Date Incorporated or Qualified To Do Business in Florida

02/11/1992

5. FEI Number
59-3190037

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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 617.0505, F.S.

Signature of Registered Agent

Alfred Morich

Date

12/17/09

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Victor DiGeronimo, Jr.	5720 Schaaf Road	Independence, Ohio 44131
S/T	Robert DiGeronimo	5720 Schaaf Road	Independence, Ohio 44131
D	Victor DiGeronimo	5720 Schaaf Road	Independence, Ohio 44131

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:

Victor DiGeronimo, Jr.

Victor DiGeronimo, Jr.

12/16/09

216-524-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #