APPLICATION FOR REINSTATEMENT

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

DOCUMENT # G91268

Corporation Name
Sanibel Remodeling, Inc.

FILED
99 DEC -6 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 91-99

Principal Place of Business	Mailing Address

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
1526 4th St. South	1526 4th St. South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34102 Country: USA	Zip: 34102 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/14/84

5. FEI Number: 59-2384718 ☐ Applied For ☐ Not Applicable

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

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

Title (1)	Name of Officers and/or Directors (2)	Street Address of Each Officer and/or Director (3) (Do NOT Use Post Office Box Numbers)	City / State / Zip (4)
PRES:	John Louis Harris	1526 4th St. South	Naples, FL 34102
VP: SEC:	Ellen H. Harris	1526 4th St. South	Naples, FL 34102

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8. Name and Address of Current Registered Agent

John Louis Harris
3405 W. Gulf Drive
Sanibel, FL 33957

9. Name and Address of New Registered Agent

Name: John Louis Harris
Street Address (P.O. Box Number is Not Acceptable): 1526 4th St. South
Suite, Apt. #, Etc.:
City: Naples State: FL Zip Code: 34102

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: John Louis Harris REGISTERED AGENT MUST SIGN Date 11/30/99

10. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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.

KE

SIGNATURE: 11/30/99 941-649-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John Louis Harris, President