

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -6 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H50944

1. Corporation Name

C & F INSULATION INC

2. Principal Office Address

291 E 33 ST

Suite, Apt. #, etc.

HOUSE

City & State

Mirleah FL 33013

Zip

33013

Country

USA

3. Mailing Office Address

291 E 33 ST

Suite, Apt. #, etc.

HOUSE

City & State

Mirleah FL

Zip

33013

Country

USA

900008817649  
11/06/02--01018--026 \*\*1958.75

**REINSTATEMENT** qu-02

4. Date Incorporated or Qualified To Do Business in Florida

04-05-85

5. FEI Number

59-252-0504

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

COSME M. LOPEZ

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

17360 NW 91 PL

Suite, Apt. #, Etc.

HOUSE

City

MIAMI

State

FL

Zip Code

33018

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 10-29-02

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
<u>P-T</u>	<u>COSME M LOPEZ</u>	<u>17360 NW 91 PL</u>	<u>MIAMI FL 33018</u>
<u>VP-5</u>	<u>IRVING E LOPEZ</u>	<u>17360 NW 91 PL</u>	<u>MIAMI FL 33018</u>
			<u>IRVING</u>

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

10-29-02 (205) 888-1779

Date

Daytime Phone #

CR2E081 (9/01)