

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 # P96000083376

1. Corporation Name

DOOR SPECIALTIES UNLIMITED, INC.

Principal Place of Business

470 LAKE JULIANA DRIVE  
AUBURNDALE FL 33623

Mailing Address

470 LAKE JULIANA DRIVE  
AUBURNDALE FL 33623

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1996

5. FEI Number

59-3404646

Applied For

Not Applicable

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
PRES.	MATTHEW SMURR	114 E. LAKE AVENUE SUITE #3	AUBURNDALE FL 33623
SECRETARY	TRINA SMURR	114 E. LAKE AVENUE SUITE #3	AUBURNDALE FL 33623
			LS 4/22/98
			100002498701--7
			-04/23/98--01128--017
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

MACCONNELL, GEORGE T  
513 W. CENTRAL AVENUE  
WINTER HAVEN FL 33880

9. Name and Address of New Registered Agent

Name MAC CONNELL, GEORGE  
Street Address (P.O. Box Number is Not Acceptable)  
316 HAMILTON STARS DRIVE  
Suite, Apt. #, Etc.

City WINTER HAVEN

State FL

Zip Code 33881

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

1/17/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* President

Date

1/17/98

Daytime Phone #

CR2E040 (8/97)