

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 3:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000045133

1. Corporation Name

SPECIALTY MAT SERVICE, INC.

Principal Place of Business

Mailing Address

3725 US ALTERNATE 19 NORTH, UNIT C PALM HARBOR FL 34683

3725 US ALTERNATE 19 NORTH, UNIT C PALM HARBOR FL 34683



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

4. Date Incorporated or Qualified To Do Business in Florida

05/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3576727

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, BRENNAN, WILLIAM, 3725 US ALTERNATE 19 NORTH, UNIT, PALM HARBOR FL 34683. Includes handwritten date 10/23 and stamp 500023969715 10/21/03--01050--029 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRENNAN, WILLIAM 3712 DESOTO BLVD PALM HARBOR FL 34683

Form for New Registered Agent with fields: Name, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc., City, State (FL), Zip Code.

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE [Handwritten Signature]

Date

REGISTERED AGENT MUST SIGN

11. 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: [Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-03

Date

727-515-9655

Daytime Phone #

CR2E040 (7/03)

DEPARTMENT OF STATE

10-16-03

I HAVE ENCLOSED A CHECK FOR \$150⁰⁰
DUE TO THIS IS THE FIRST APPLICATION
I RECEIVED FOR 2003. PLEASE CHECK AND
~~SEE~~ PREVIOUS YEARS WERE PAID ON
TIME. I WILL MAKE A NOTE IN NEXT
YEARS RECORDS TO ENSURE I SEND PAYMENT
ON TIME. ALSO MY MAIL SERVICE IN
THIS LOCATION IS NOT RELIABLE. PLEASE
NOT P.O. BOX.

THANKS!

Will S B

WM BRENNAN

SPECIALTY MAT SERVICE

P.O. BOX 211

OLDSMAR FL. 34677