

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 NOV 26 PM 3:51

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **413915**

1. Corporation Name

CERTIFIED PRODUCTS, INC.

Principal Place of Business

1075 HWY 427 NORTH
 LONGWOOD FL 32750
 US

Mailing Address

1075 HWY 427 NORTH
 LONGWOOD FL 32750
 US

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

12/01/1972

5. FEI Number

59-1423151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT

07 ad

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
SD	HUTTO, ERNEST L.	508 TOPAZ WAY	ORLANDO FL
PD	TOVEY, CHARLES A.	1660 CHEYENNE TRAIL	MAITLAND, FL 00000

300002360523--8
 -12/02/97--01043--018
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

HUTTO, ERNEST L.
 508 TOPAZ WAY
 ORLANDO FL 33806

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

Ernest L. Hutto
 REGISTERED AGENT MUST SIGN

Date

11/20/97

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

Charles A. Tovey

11/20/97
 Date

407 830-7775
 Daytime Phone #

CP2E040 (8/97)