

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 26 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 421905

1. Corporation Name

INDUSTRIAL FIBERGLASS

2. Principal Office Address

4511 E. 11<sup>TH</sup> ST.

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

4511 E. 11<sup>TH</sup> ST.

Suite, Apt. #, etc.

N/A

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

Zip

32404

Country

USA

Zip

32404

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03-23-1973

5. FEI Number

59-1451514

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

WANDA JONNIE HUNT

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

519 TRANSMITTER ROAD 900014694789

Suite, Apt. #, Etc.

N/A

City

PANAMA CITY

State

FL

Zip Code

32401

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

*Wanda Jonnie Hunt*  
REGISTERED AGENT MUST SIGN

Date

3-20-2003

**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
P	WANDA JONNIE HUNT	519 TRANSMITTER RD	PANAMA CITY, FL 32401
VP	"	"	"
S	"	"	"
T	"	"	"

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:

*Wanda Jonnie Hunt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WANDA JONNIE HUNT 3-20-03

Date

Daytime Phone #

(850)872-8269

CR2E081 (10/02)

WANDA JONNIE HUNT

519 Transmitter Road  
Panama City, FL 32401

March 20, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sirs,

I am contacting you in regards to the Industrial Fiberglass Corporation. Unfortunately reinstatement procedures have not been completed due to the death of both of the original primary officers. Mr. Al W. Kirvin who was President, Secretary, and Treasurer and Reverend J.W. Hunt the Vice President has recently passed away. We are currently appointing new officers, and in the process have learned that the reinstatement notification has not been received. I do ask that you be so kind and understanding as to waive the \$600 reinstatement reprocessing fee, due to such unavoidable circumstances. The deaths of these two remarkable men have been an incredible loss to Industrial Fiberglass.

I am currently trying to take care of some of the unfinished issues and affairs of Industrial Fiberglass. I hope that you will be of assistance to this task. I sincerely appreciate any help and support that you may offer. If I may be of further assistance to you, please do not hesitate to contact me.

Sincerely,

Wanda Jonnie Hunt