

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 435658

1. Corporation Name

A CEILING CONTRACTOR, INC.

Principal Place of Business

Mailing Address

4715 SW 51ST STREET
DAVIE FL 33314
US

4715 SW 51ST ST
DAVIE FL 33314
US

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

11/26/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1349978

Not Applicable

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)

900003487729--1

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
P	IDE, JAMES P. JR.	937 SOUTH STATE RD.#7	FT. LAUDERDALE FL
V	FAASSE, MICHAEL	937 SOUTH STATE RD.#7	FT. LAUDERDALE FL
ST	IDE, JUNE M.	937 SOUTH STATE RD.#7	FT. LAUDERDALE FL
V	IDE, JAMES P. (JR.)	937 S. STATE RD. #7	FT. LAUDERDALE FL

REINSTATEMENT

11/8/86

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENSON, WILLIAM G., C.P.A.
6550 N FEDERAL HIGHWAY
SUITE 410
FT LAUDERDALE FL 33308

Name

Theodore F. Brill, Esq.

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

8211 W. Broward Blvd.

Suite, Apt. #, Etc.

Suite 360

City

Plantation

State

FL

Zip Code

33324

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

Theodore F. Brill
REGISTERED AGENT MUST SIGN

Date

11/8/86

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

James P. Ick Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-00

Date

954-591-8079

Daytime Phone #