PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 18 AM 8:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

100030720881
03/18/04--01033--014 **1208.75

DOCUMENT # 629619

1. Corporation Name

HOLLIMYERSINSULATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
6441-2 METRO PLANTATION ROAD	6441-2 METRO PLANTATION ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS, FL 33912	City & State: FORT MYERS, FL 33912
Zip: 33912 Country: USA	Zip: 33912 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/13/1979

5. FEI Number: 59-1957194 ☐ 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: MICHAEL A CLARK

Street Address (P.O. Box Number is Not Acceptable): 6441-2 METRO PLANTATION ROAD

Suite, Apt. #, Etc.:

City: FORT MYERS, FL | State: FL | Zip Code: 33912

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: ✓ [signature] Date: ✓ 3/15/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PST	CLARK, MICHAEL A	6441-2 METRO PLANTATION ROAD	FORT MYERS, FL 33912
VP	CLARK, HARVEY A	6441-2 METRO PLANTATION ROAD	FORT MYERS, FL 33912

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: ✓ [signature] ✓ 3/15/04 ✓ 239-939-4502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #