

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 22 PM 4:00

DOCUMENT # **837462**

1. Corporation Name

LAND COAST INSULATION, INC.

Principal Place of Business

Mailing Address

POB 14110
NEW IBERIA LA 70562-1110
US

POB 14110
NEW IBERIA LA 70562-1110
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

12/01/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

72-0739962

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	MORTON, TIM	8110 FOREST COMMONS CT	HOUSTON TX
D	DAVIS, CELIA	1608 JANE ST	NEW IBERIA, LA 00000
PD	MORTON, MICHAEL R	108 EASTWOOD	FRANKLIN, LA 00000
D	BLACKWELL, JOHN	222 W ST PETR ST.	NEW IBERIA, LA 00000
ST	SCHRAM, KARL J.	207 CRICKLADE COURT	YOUNGSMVILLE LA
ST	EUDEN DOMINGO	108 CORAL REEF DR	LAFAYETTE, LA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

3000004793939-3

01/24/02-01029-003

***750-00 ***750-00

FL

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)