

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000003829

1. Corporation Name

CAROLINA DOOR CONTROLS, INC.

FILED

02 NOV -5 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3424 INDUSTRIAL DRIVE
DURHAM NC 27704

Mailing Address

P.O. BOX 15639
DURHAM NC 27704



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

07/19/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-0855325

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
PD	MCLEROY, DAVID L	3424 INDUSTRIAL DRIVE	DURHAM NC 27704
VST	WILKINS, ERNEST R	3424 INDUSTRIAL DRIVE	DURHAM NC 27704
CD	MCLEROY, GERALD D	3424 INDUSTRIAL DRIVE	DURHAM NC 27704
C	Cahill, George	3424 Industrial Dr.	Durham, NC 27704
			600008812476 11/05/02--01103--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 (802)

20f2



CAROLINA DOOR CONTROLS, INC.

October 25, 2002

Division of Corporations
Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Madam/Sir:

This is a notification to inform you that we never received the first notices sent to us. I went back through everything to double check that just hadn't been overlooked and we have nothing on this.

Thanks so much.

Sincerely,

A handwritten signature in cursive script that reads "Trish A. Towner".

Trish A Towner
Administrative Asst.