

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-20501

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F93000003089

1. Corporation Name

CDI RESTORATION SERVICES, INC.

02 MAR 22 PM 4:28

Principal Place of Business

30700 SOLON INDUSTRIAL PARKWAY
SOLON OH 44139

Mailing Address

30700 SOLON INDUSTRIAL PARKWAY
SOLON OH 44139



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1993

5. FEI Number

31-1277996

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FITZGERALD, CHARLES T	30700 SOLON IND. PKWY.	SOLON OH 44139
VP	JONAS, ROBERT	30700 SOLON IND. PKWY.	SOLON OH 44139
S	CHERVENAK, DAVID	30700 SOLON IND. PKWY.	SOLON OH 44139
S	Albert Langlois	30700 Solon Ind PKWY	Solon OH 44139

8. Name and Address of Current Registered Agent

BEUSSE, JAMES H JR.
460 BISON CIRCLE
APOPKA, FL 32712

9. Name and Address of New Registered Agent

Name
MATT CARRE
Street Address (P.O. Box Number is Not Acceptable)
3926 FALLING ACORN CIRCLE
Suite, Apt. #, Etc.
City
LAKE MARY
State
FL
Zip Code
32746

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

SIGNATURE REQUIRED
MATT CARRE
REGISTERED AGENT MUST SIGN

700005254797--6
-04/11/02--01071--001
****301.00 ****900.00
Date 1/10/02

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 REQUIRED
Albert Langlois
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-29-01

CR2040 (801)