

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Pre 1/5

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F94000000525**

1. Corporation Name

BMCA INSULATION PRODUCTS INC.

FILED

02 OCT 24 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
1361 ALPS RD WAYNE NJ 07470	1361 ALPS RD WAYNE NJ 07470

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/03/1994	
City & State		City & State		5. FEI Number	
Zip		Country		22-3275477	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PCEO	HEYMAN, SAMUEL William C. Collins	1361 ALPS RD	WAYNE NJ 07470
VCFO	REBELE, JOHN F	1361 ALPS RD	WAYNE NJ 07470
PCEO	COLLINS, WILLIAM W.	1361 ALPS RD	WAYNE NJ 07470
VPT	YOSS, SUSAN	1361 ALPS RD	WAYNE NJ 07470
VPS	WEINBERG, RICHARD A	1361 ALPS RD	WAYNE NJ 07470
SVPD	HARRISON, DAVID A	1361 ALPS RD	WAYNE NJ 07470

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		900008575669 State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and agree to the provisions of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Deborah D. Skipper* **Deborah D. Skipper** Date *10/24/02*
REGISTERED AGENT MUST SIGN Asst. V. Pres.

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: *Richard A. Weinberg* **Richard A. Weinberg**, Exec. VP & Sec. 10/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/02)

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ACCOUNT NO. : 072100000032

REFERENCE : 791729 5020218

AUTHORIZATION

COST LIMIT

Patricia Pigato
\$ 758.75

ORDER DATE : October 24, 2002

ORDER TIME : 1:01 PM

ORDER NO. : 791729-095

CUSTOMER NO: 5020218

CUSTOMER: Ms. Shelly Sorkin-5020218
Building Material Corporation
1361 Alps Road
Wayne, NJ 07470-3687

REINSTATEMENT

NAME: BMCA INSULATION PRODUCTS INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS _____