

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000006656

1. Corporation Name

RUGBY BUILDING PRODUCTS, INC.

Principal Place of Business

570 LAKE COOK RD., #400  
DEERFIELD IL 60015

Mailing Address

570 LAKE COOK RD., #400  
DEERFIELD IL 60015

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/1994

5. FEI Number

36-3963075

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	<del>STRY, DAVID</del> AGOSTINELLI, RICHARD A	570 LAKE COOK RD., #400	DEERFIELD IL 60015
VSTD	AGOSTINELLI, RICHARD A	570 LAKE COOK RD., #400	DEERFIELD IL 60015
VDC	SHARP, R M	CROWN HOUSE	RUGBY WARWICKSHIRE CV21 2DT
D	THOMSON, ALAN M	CROWN HOUSE	RUGBY WARWICKSHIRE CV21 2DT
V	HILL, J L	CROWN HOUSE	RUGBY WARWICKSHIRE CV21 2DT
			JB2-B-94

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600002030286-7

-12/17/96--01040--023

\*\*\*375.00 to \*\*\*375.00

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

Date 12/11/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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. AGOSTINELLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/96 847-405-0850

Date

Daytime Phone #