

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 SEP 29 AM 10:23

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003694

1. Corporation Name

INSULATING SERVICES

400136439174
03/29/08--01062--015 **1200.00

2. Principal Office Address - No P.O. Box #

10709 GRANITE ST

3. Mailing Office Address

P.O. Box 410722

Suite, Apt. #, etc.

SUITE H

Suite, Apt. #, etc.

City & State

CHARLOTTE, NC

City & State

CHARLOTTE, NC

Zip

28273

Country

USA

Zip

28241

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/1996

5. FEI Number

56-1052301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael Seraphin

Michael Seraphin Asst. Secretary

Date 9/22/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	CHARLES E. MCKISSICK	10709 H GRANITE ST.	CHARLOTTE, NC 28273
T/S/D	CHARLES P. MCKISSICK	10709 H GRANITE ST.	CHARLOTTE, NC 28273
V/D	MIKE CARROLL	10709 H GRANITE ST.	CHARLOTTE, NC 28273

10. 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 contained in Chapter 119, 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:

Mike Carroll

MIKE CARROLL

9/25/08

704-588-7814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #