


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000002298			
1. Corporation Name WHITE GLOVE RESTORATION SERVICE, INC.			
Principal Place of Business PO BOX 269 LECANTO FL 34460-0269		Mailing Address PO BOX 269 LECANTO FL 34460-0269	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
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 04/30/1997	
		5. FEI Number 11-3173454	
		Applied For <input type="checkbox"/> 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
P	TUMMINIA, LAWRENCE F	94 S. Jefferson St.	Beverly Hills, Fl 34465
V	MESSINA, JOANNE C	94 S. Jefferson St.	Beverly Hills, Fl 34465
8. Name and Address of Current Registered Agent MESSINA, JOANNE C 94 S. Jefferson St. Beverly Hills, Fl 34465		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code 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 <u>Joanne C Messina</u> Date <u>6/23/05</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: <u>Joanne C Messina</u> <u>Joanne C Messina</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div>Date <u>6/23/05</u></div><div>Daytime Phone # <u>1800 9595677</u></div></div>			

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TALLAHASSEE, FLORIDA



REINSTATEMENT

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