

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F99000004537

1. Corporation Name

LL BUILDING PRODUCTS INC.

Principal Place of Business

4501 CIRCLE 75 PARKWAY
ATLANTA GA 30339

Mailing Address

1361 ALPS ROAD
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

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

09/01/1999

5. FEI Number

58-2394554

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 3	City / State / Zip 4
VCFD	REBELE, JOHN F	1361 ALPS ROAD	WAYNE NJ 07470
D	HARRISON, DAVID A	1361 ALPS ROAD	WAYNE NJ 07470
S	WEINBERG, RICHARD A	1361 ALPS ROAD	WAYNE NJ 07470
T	YOSS, SUSAN B	1361 ALPS ROAD	WAYNE NJ 07470
PCED	COLLINS, WILLIAM W	1361 ALPS ROAD	WAYNE NJ 07470
D	WALTON, KENNETH E	1361 ALPS ROAD	WAYNE NJ 07470

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

600008591696

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

Suite, Apt. #, etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Brian Courtney
Asst. V. Pres.
REGISTERED AGENT MUST SIGN

Date

10/24/02

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
Richard A. Weinberg, Exec. VP & Sec.

10/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202/240102

FILED

02 OCT 28 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

02

CR2E040 (8/02)