APPLICATION -- FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H28712

1 Corporation Name

J.R. Industrial Insulation Contractors Inc.

W99 0000 80150

93 SEP 10 AM 8:44

SECTETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14531. Apache Ave
Largo, FL 33774

Mailing Address

REINSTATEMENT 94-99

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 *1983*
Suite, Apt #, etc	Suite, Apt #, etc	5. FEI Number **59-2461645** — Applied For — Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status
Zip	Country	Zip	Country	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	T. James Brandenburg	14531 Apache Ave	Largo, FLA. 33774
			800002988008--7 -09/15/99--01074--004 ***1500.00 ***1500.00
			800002988008--7 -09/15/99--01074--005 *******8.75 *******8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
T. James Brandenburg 14531 Apache Ave Largo, FL 33774	Name
	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.

Signature of Registered Agent _T. James Brun_   REGISTERED AGENT MUST SIGN   Date 8/21/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.   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: _T. James Brun_   T. James Brandenburg   8/21/99   727-593-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (12/98)