

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 AUG 18 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # JL698do

1. Corporation Name

TRASK, WALLCOVERING
INC.

2. Principal Office Address

123 MILITARY BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORMOND, FL.

City & State

Zip

32174

Country

U.S.A.

Zip

Country

REINSTATEMENT

94-00

4. Date Incorporated or Qualified
To Do Business in Florida

29 APR 87

5. FEI Number

59-2817114

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

TRASK, JOHN A.

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

123 MILITARY BLVD

Suite, Apt. #, Etc.

City

ORMOND

State

FL

Zip Code

32174

800003368468-1

-08/23/00--01028--028

***1650.00 ***1650.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 18 AUG. 2000

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	TRASK, JOHN A.	123 MILITARY BLVD.	ORMOND, FL. 32174

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

18 AUG. 2000

Daytime Phone #

904-671-3069

CR2E081 (9/99)