

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -5 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J73973

1. Corporation Name

Central Florida Materials, Inc.

2. Principal Office Address

255 S. Orange Ave.

Suite, Apt. #, etc.

Suite 886

City & State

Orlando, Florida

Zip

32801

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 9702

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/18/87

5. FEI Number

650039067

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

Robert T. Roth

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

6008 Bay Valley Court

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

Robert T. Roth

Date 3/27/02

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 | Robert T. Roth | 6008 Bay Valley Court | Orlando, FL 32819 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

3/27/02

Date

407-491-4909

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 502981-6457A

AUTHORIZATION :

COST LIMIT : \$ 1500.00

ORDER DATE : March 29, 2002

ORDER TIME : 11:23 AM

ORDER NO. : 502981-005

CUSTOMER NO: 6457A

CUSTOMER: Krista A. Kelly, Paralegal
Arnold Matheny & Eagan, P.a.
Suite 201
801 N. Magnolia Avenue
Orlando, FL 32803

File 1st

DOMESTIC FILINGS

NAME: CENTRAL FLORIDA MATERIALS,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 APR -5 PM 12:06

RECEIVED