

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN 31 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K20938

1. Corporation Name

ULTIMATE INSULATION, INC.

Principal Place of Business

583 OGRAM ST.
JACKSONVILLE FL 32204

Mailing Address

583 OGRAM ST.
JACKSONVILLE FL 32204

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

04/11/1988

5. FEI Number

59-2880209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

DI-02

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
D	STANFORD, MICHAEL D.	1820 WATERBURY LANE	ORANGE PARK FL
D	Stanford, Michael D.	1611 Borrell Ct.	St. Marys, GA 31558
			800004883428--9 02/06/02--01065--003 ****150.00 ****150.00
			800004883428--9 02/06/02--01065--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

STANFORD, MICHAEL D.
1820 WATERBURY LANE
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name

Stanford, Michael D.

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

8406 New Kings Rd.

Suite, Apt. #, Etc.

#42

City

Jacksonville

State

FL

Zip Code

32219

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

Michael D. Stanford

Date

12-18-01

REGISTERED AGENT MUST SIGN

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:

Michael D. Stanford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-01

Date

(912) 729-7428

Daytime Phone #

CR2E040 (8/01)