
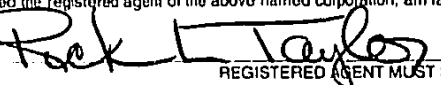



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 DEC 17 PM 4: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # K58041 1 Corporation Name DAYBREAK REMODELING, INC					
Principal Place of Business		Mailing Address			
4619 HAINES ROAD ST. PETERSBURG, FL 33714		4619 HAINES ROAD ST. PETERSBURG, FL 33714			
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 Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01-12-1989	
City & State		City & State		5. FEI Number	
				59-2929297	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75- Additional Fee required for 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip	
1	2	3		4	
P/D	TAYLOR, RAYMOND	776- 23RD AVE. N		ST. PETERSBURG, FL 33704	
S/D	TAYLOR, RICK	5516 PINE CIRCLE N.E.		ST. PETERSBURG, FL 33703	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
TAYLOR, RICK 5516 PINE CIRCLE N.E. ST. PETERSBURG, FL 33703		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State	Zip Code	
		FL			
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		 REGISTERED AGENT MUST SIGN		Date 16 DEC 96	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: 		RICK L. TAYLOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		16 DEC 96 Date	
				813-526-2252 Daytime Phone #	

CR2E040 (12/95)