

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 10 PM 4:25

DOCUMENT # L48862

1. Corporation Name

Peoples Remodeling, Inc.  
4040 Lonicera Loop

REINSTATEMENT 03-04

3/24/03 9027 017 \$150.00  
3/16/04 0108 004 \$150.00

2. Principal Office Address

4040 Lonicera Loop

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

32259

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 2-5-1990

5. FEI Number  
593037741

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

Lance Cohen, Esquire

Street Address (P.O. Box Number is Not Acceptable)  
~~1165 East Edgewood Avenue, Suite 4~~

1723 BLANDING BLVD #102

Suite, Apt. #, Etc.

102

City

Jacksonville

State  
FL

Zip Code

32205 32210

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

X Date 5/7/04

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
Pres:	Owen Peoples, Jr.	4040 Lonicera Loop	Jacksonville, Fla, 32259

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:

*Owen C. Peoples*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-06-04  
Date

(904) 568-4333  
Daytime Phone #

CR2E081 (01/04)