

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 175411

**1. Corporation Name**  
HARMS BROTHERS INSULATION, INC.

**2. Principal Office Address**  
2283 WESTLAND ROAD  
Suite, Apt. #, etc.  
City & State  
MOUNT DORA, FLORIDA  
Zip 32757 Country USA

**3. Mailing Office Address**  
SAME  
Suite, Apt. #, etc.  
City & State  
SAME  
Zip SAME Country SAME

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100004562521--6  
-08/29/01--01086--011  
\*\*\*\*308.75 \*\*\*\*308.75

**7. Name and Address of Current Registered Agent**

Name  
THOMAS C. HARMS JR.

Street Address (P.O. Box Number is Not Acceptable)  
2283 WESTLAND ROAD

Suite, Apt. #, Etc.  
/LS

City  
MOUNT DORA,

State  
FL

Zip Code  
32757

**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 Thomas C. Harms Jr. Date AUGUST 22, 2001  
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
PRES/SEC	THOMAS HARMS JR.	2283 WESTLAND ROAD	MOUNT DORA, FL. 32757
VP/TRES.	KELLY SINES	36215 BRISTOL CIRCLE	GRAND ISLAND, FL. 32735

**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

8/22/01 352-383-3344  
Date Daytime Phone #

# HARMS BROTHERS INSULATION, INC. 2012



2283 WESTLAND ROAD ♦ MOUNT DORA, FLORIDA 32757  
Phone (352)-383-3344 ♦ Fax (352)-383-0101

AUGUST 22, 2001

TO WHOM THIS MAY CONCERN:

DUE TO SEVERAL OFFICE MOVES IN THE LAST TWO YEARS, OUR CORPORATION PAPERS WERE NOT FORWARDED TO US. YOUR OFFICE RECORDS WILL SHOW THAT THE CORPORATION FORMS WERE RETURNED TO YOU. WE HEARBY REQUEST THAT ALL PENALTIES BE WAIVED.

WE ARE ENCLOSING \$300.00 FOR REINSTATEMENT AND \$ 8.75 FOR A CERTIFICATE OF STATUS.

THANK YOU  
RESPECTFULLY;

THOMAS C. HARMS JR.  
PRESIDENT