

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000008321

1. Corporation Name

FLORIDA FOAM WALLS INC.

Principal Place of Business

5895 WAUCHULA RD.
MYAKKA CITY FL 34251

Mailing Address

5895 WAUCHULA RD.
MYAKKA CITY FL 34251



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

01/19/2000

5. FEI Number

59-3620649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	KNAUSS, KEITH	5895 WAUCHULA RD.	MYAKKA CITY FL 34251
D	KNAUSS, KEITH	2651 HOPE ST	SARASOTA FL 34231

7000008566857

10/24/02--01044--020 **150.00

10/26

8. Name and Address of Current Registered Agent

KNAUSS, KEITH
5895 WAUCHULA RD.
MYAKKA CITY FL 34251

9. Name and Address of New Registered Agent

Name KNAUSS, KEITH
Street Address (P.O. Box Number is Not Acceptable)
2651 HOPE ST.
Suite, Apt. #, Etc.

City SARASOTA

State FL

Zip Code 34231

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-22-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-02 (941) 650-1102

CR2E040 (8/02)

FLORIDA FOAM WALLS INC.

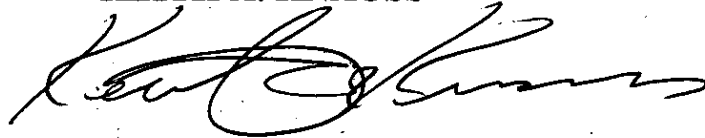
5895 WAUCHULA RD.

MYAKKA CITY, FL. 34251

1-941-322-0128

**ATT:JIM SMITH [SECRETARY OF STATE] FLORIDA FOAM
WALL'S INC. MOVED FROM 5895 WAUCHULA RD. MYAKKA
CITY 34251 AS OF 1/10/02 .WE DID NOT RECIVE A
REISTATEMENT APPLICATION UNTIL KNOW THE NEW
ADDRESS FOR FLORIDA FOAM WALL'S IS 2651 HOPE ST.
SARASOTA FL. 34231.THIS IS THE FIRST TIME I'VE SEEN THIS
LETTER SORRY ABOUT THE MIX UP.**

**THANK YOU,
KEITH A. KNAUSS**

A handwritten signature in black ink, appearing to read "Keith A. Knauss", written in a cursive style.