## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| REIN  | RPORAT<br>ISTATEM                    | IENT  | DIV                                   | Secretar  | TMENT OF S'<br>y of State<br>corporations | TATE          |  | 03                        | ,,,                      | ,<br>i 10: 1 |                                |  |
|---|--------------------------------------|---|---------------------------------------|---|---|---------------|--|---------------------------|--------------------------|--------------|--------------------------------|--|
| DOCUMENT # P0000008821  1. Corporation Name  Chality Cerrylic Decking, Inc. 1205 Bennet Drive Seite 105  Longwood FL 32750  |                                      |   |                                       |   |   |               |  | TAL                       | METARY CE<br>LAMASCLE, T | ar I to Tun  | ,                              |  |
| 2. Principal Office Address 3. Mailing Office Address   |                                      |   |                                       |   |   |               |  |                           | 14.155                   | 115          |                                |  |
|   |                                      | Drue  | _                                     | 1005 Barnet Drice                                 |   |               | 03/14  | 1/03                      | 14086:<br>01038—005      | **90         | 3.00                           |  |
|   |                                      |   |                                       | Suite, Apt. #, etc.                               |   |               |  |                           |                          |              |                                |  |
| Sente 105   |                                      |   | Suite 105                             |   |   | 4. Date Incom |  | Qualified                 | Jane                     | $\sim$       |                                |  |
| City & State  | City & State City                    |   |                                       |   | ty & State                                |               |  | To Do Business in Florida |                          |              |                                |  |
| Long wood, and  |                                      |   | Longwood, HC                          |   |   |               | 5. FEI Number   Applied For   So . 80.53735   Not Applicable |                           |                          |              |                                |  |
| zip<br>327  | Country Zip COUNTRY Zip SO USA 3     |   | Zip<br>3217.9                         | 50  | Country<br>USA                            |               | 6. CERTIFICATE OF STATUS DESIRED                             |                           | \$8.75                   | Additiona    | l Fee requirer<br>te of Status |  |
| 7. Name and Address of Current Registered Agent   |                                      |   |                                       |   |   |               |  |                           |                          |              |                                |  |
|   | Suite, Apt.                          | lress (P.O. Box Number is M<br>これ、 <b>り</b> ゃっと | oryburg<br>lot Acceptable)<br>unce Or | · <del>}</del>                                    | <del>,</del>                              |               |  | State<br>FL               | Zip Code<br>3274Lp       |              |                                |  |
| 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 Date 3-3-0.3  REGISTERED AGENT MUST SIGN  |                                      |   |                                       |   |   |               |  |                           |                          |              |                                |  |
| '9. Names   | and Street A                         | ddresses of Each Officer an                     | d/or Director (FI                     | orida nonpro                                      | fit corporations mus                      | t list at lea | st 3 directors)  |                           |                          |              |                                |  |
| Titles  | Name of<br>Officers and/or Directors |   |                                       | Street Address of Each<br>Officer and/or Director |   |               |  | City / State / Zip        |                          |              |                                |  |
| Р   | Danny T. Dryburgh                    |   |                                       | 511 N. Sendance Drice                             |   |               |  | Lale                      | Mary, Fr                 | _ 32'        | 74 Ce                          |  |
|   |                                      |   |                                       |   |   |               |  |                           |                          |              |                                |  |
|   |                                      |   | PENSTATENEN                           |   |   | FAT           | T 02-05  |                           |                          |              |                                |  |
|   |                                      |   |                                       | ·,  |   |               |  |                           |                          | <i></i>      |                                |  |
| 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 filling 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:  Date  Daytime Phone # |                                      |   |                                       |   |   |               |  |                           |                          |              |                                |  |