


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 04 JAN -2 AM 10:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000009501**  
 1. Corporation Name  
**FITZGERALD INSULATION, INC.**

Principal Place of Business Mailing Address  
 122 N. EAST AVE. 122 N. EAST AVE.  
 PANAMA CITY FL 32401 PANAMA CITY FL 32401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. <b>242 Wilson Ave.</b> City & State <b>Panama City, FL</b> Zip <b>32401</b> Country <b>Bay</b>	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. <b>242 Wilson Ave.</b> City & State <b>Panama City, FL</b> Zip <b>32401</b> Country <b>Bay</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>01/14/2000</b>
5. FEI Number <b>59-3618605</b>		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FITZGERALD, BRENBEN J	122 N EAST AVE 242 Wilson Ave.	PANAMA CITY FL 32401

8. Name and Address of Current Registered Agent <b>FITZGERALD, BRENDEN J</b> <b>122 N. EAST AVE.</b> <b>PANAMA CITY FL 32401</b>	9. Name and Address of New Registered Agent Name <b>Fitzgerald, Brenden J</b> Street Address (P.O. Box Number is Not Acceptable) <b>242 Wilson Ave.</b> Suite, Apt. #, Etc. City <b>Panama City</b> State <b>FL</b> Zip Code <b>32401</b>
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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 *Brenden J. Fitzgerald* Date 12-27-2003  
 REGISTERED AGENT MUST SIGN

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.

**Brenden J. Fitzgerald** Director

SIGNATURE: *Brenden J. Fitzgerald* Date 12-27-2003 (850)872-2105  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR92040 (7/03)