


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1102

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 APR -4 AM 11:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000039990**

1. Corporation Name
TEASKEY Remodeling Inc.

2. Principal Office Address 1406 LAKEVIEW RD.		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE WALES FL		City & State	
Zip 33853	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **4/21/2000**

5. FEI Number **59-3642344** 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 **CECILE TEASKEY** **10000528966**

Street Address (P.O. Box Number is Not Acceptable) **1406 Lakeview Rd** **-04/17/02--01053-0006**

Suite, Apt. #, Etc.

City **Lake Wales** State **FL** Zip Code **33853**

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 -04/17/02--01053-0006
 ***308.75 ***308.75

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 **Paul E. Teasley** Date **4/1/02**

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	CECILE TEASKEY	1406 LAKEVIEW RD. LAKE WALES	LAKE WALES, FL 33853
Sec	Amy R. Teasley	1406 LAKEVIEW RD.	LAKE WALES, FL 33853

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: **Paul E. Teasley** **CECILE TEASKEY** **4/1/02** **863-412-4814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

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TO WHOM IT MAY CONCERN.

I DID NOT RECIEVE ANY PAPERWORK
FOR RENEWING MY FLORIDA CORPORATION.
IF YOU COULD PLEASE WAIVE THE FEES
FOR FILING LATE. THANK YOU.

SINCERELY,

ERIC TEASLEY



TEASLEY REMODELING, INC.

Charter Number Only

4/3/02 E

VALIDATION ONLY

Requestor's Name

Address

City State ZIP Phone

ATLANTIC

CORPORATION(S) NAME

Teasley Remodeling Inc.

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out
- Pick Up



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED
02 APR - 4 AM 9 33
DIVISION OF CORPORATION