

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**  
 03 DEC 26 PM 12:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000039990**

1. Corporation Name

**TEASLEY REMODELING, INC.**

Principal Place of Business

Mailing Address

1406 LAKEVIEW ROAD  
 LAKE WALES FL 33853

1406 LAKEVIEW ROAD  
 LAKE WALES FL 33853

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3642344

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TEASLEY, CECIL ERIC	1406 LAKEVIEW ROAD	LAKE WALES FL 33853
S	TEASLEY, AMY R	1406 LAKEVIEW ROAD	LAKE WALES FL 33853

200025760622  
 12/26/03--01005--012 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TEASLEY, CECIL ERIC  
 1406 LAKEVIEW ROAD  
 LAKE WALES FL 33853

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

Date

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

To Whom It May Concern:

I, Cecil E. Teasley of Teasley Remodeling did not receive any previous notice of the UBR form.

Cecil E. Teasley, President

A handwritten signature in black ink, appearing to read "Cecil E. Teasley". The signature is written in a cursive style with a large, looping initial "C".