

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 OCT 24 PM 5:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000045877

1. Corporation Name

FLORIDA DOORMASTERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 868  
LAKE CITY FL 32056

P.O. BOX 868  
LAKE CITY FL 32056

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/04/2000

5. FEI Number

59-3655040

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DISOSWAY, MARK D III	CORNER OF BELMONT & LITTLE RD	LAKE CITY FL 32024
VP	SHAHEEN, MICHAEL P	CORNER OF BELMONT & LITTLE RD	LAKE CITY FL 32024
VP	DISOSWAY, DAVID M	CORNER OF BELMONT & LITTLE RD	LAKE CITY FL 32024
VP	Shaheen, Michael P.	Rt. 9 Box 984	Lake City, FL 32024
VP	Disosway, David M.	Rt. 9 Box 981	Lake City, FL 32024

8. Name and Address of Current Registered Agent

DISOSWAY, MARK D III  
CORNER OF BELMONT & LITTLE ROAD  
LAKE CITY FL 32024

9. Name and Address of New Registered Agent

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 x

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10-21-03

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]*

Michael P. Shaheen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

386-754-1486

Daytime Phone #

CR2E040 (7/03)

10/21/03

Florida DoorMasters, Inc.  
PO Box 868  
Lake City, FL 32056

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern,

Florida DoorMasters never received any prior uniform business report notices. Enclosed is the completed application and filing fee of \$150.00. If you have any questions you may contact me at (386) 754-1486.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Shaheen", with a long horizontal flourish extending to the right.

Michael P. Shaheen V.P.