

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000002720**

1. Corporation Name

**COMFORT ENCLOSURES, INC.**

Principal Place of Business

2061 HEASLEY RD  
ENGLEWOOD FL 34223

Mailing Address

2061 HEASLEY RD  
ENGLEWOOD FL 34223

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/2001

5. FEI Number

651080390

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	WOOD, SHAWN	2061 HEASLEY RD	ENGLEWOOD FL 34223
<del>DS</del>	<del>MAYBURY, RAY</del>	<del>6236 N DISCAYNE</del>	<del>NORTH PORT FL 34287</del>

000008593480  
10/25/02--01058--013 \*\*158.75

8. Name and Address of Current Registered Agent

WOOD, SHAWN  
2061 HEASLEY RD  
ENGLEWOOD FL 34223

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/22/2002

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/2002

CR2E040 (8/02)

20f2

Comfort Enclosures, Inc.

4195 S Taimiami Tr. #128

Venice, FL. 34293

Date: Oct. 22, 2002

To: The Florida Dept. of State Division of Corporations  
Regarding Document # PO1000002720

We received a Notice of Administrative Dissolution or Revocation today. We were unaware nor did we receive any prior notices concerning the Uniform Business Report. We are sending in our \$150.00 original filing fee and the completed form. We have included the additional fee required for a Certificate of Status.

Thank-you very much for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shawn Wood', written over a horizontal line.

Shawn Wood  
Owner/Director of  
Comfort Enclosures, Inc