

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 19 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000003576

1. Corporation Name

Southern Clean Ceiling, Inc.

2. Principal Office Address

131 Riverside Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 253

Suite, Apt. #, etc.

City & State

Cape Canaveral FL

Zip

Country

32920

USA

City & State

Cape Canaveral FL

Zip

Country

32920

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/9/2007

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David B. Kelly

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

131 Riverside Dr

Suite, Apt. #, Etc.

City

Cape Canaveral

State

FL

Zip Code

32920

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

D.B. Kelly

Date 12-4-02

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
D	DAVID B Kelly	131 Riverside Dr.	Cape Canaveral, FL 32920
D	James F. Kelly	16 Minor Ave	Paoli, PA 19301
		D.B. Kelly 12/23	

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:

D.B. Kelly

David B. Kelly

12-4-02

Date

321-783-9289

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

SOUTHERN CLEAN CEILING

P.O. Box 253
Cape Canaveral, FL 32920

Tel: (321) 783-9289

Fax: (321) 783-8929

Toll Free: (877) 876-9919

Cell Phone: (321) 591-8777



December 10, 2002

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to inform you that our company never received any correspondence with regards to renewing our status as a corporation. Do to this we respectfully ask that the State waive the fine in connection with this renewal.

We also ask to please note the proper address, so we can avoid this in the future. Thank you so much for your help regarding this matter.

Yours truly,

A handwritten signature in cursive script that reads "David B. Kelly".

David B. Kelly