

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007389

1. Corporation Name

FLORIDA INSTALLATION SERVICE & SALES, INC.

Principal Place of Business

1816 BALTIC PLACE
LAKELAND FL 33809

Mailing Address

1816 BALTIC PLACE
LAKELAND FL 33809

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

01/18/2001

5. FEI Number

59-3693300

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
Pres.	William R. Brown III	1816 Baltic Place	Lakeland, FL 33809

8. Name and Address of Current Registered Agent

BROWN, WILLIAM R III
5015 WILLIAMSTOWN BLVD
LAKELAND FL 33810

9. Name and Address of New Registered Agent

Name

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

1816 Baltic Place

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

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

W. Brown
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-24-02

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:

W. Brown
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-02

Daytime Phone #

CR2E040 (8/02)

FLORIDA INSTALLATION SERVICES & SALES INC.

1816 BALTIC PLACE ~ LAKELAND, FL 33809 ~ PHONE: 863-859-4722 ~ FAX: 863-816-1328

October 24, 2002

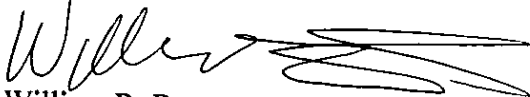
Dear Sir or Madam:

I'm writing this letter because I received a letter saying our corporation has been dissolved. I'm not sure if the original letter was sent to the wrong address but I see that the address of the Current Registered Agent is the wrong address, but at any case I never received an original Application form.

The Automated recording at number 850-488-9000 said I could explain this to you in writing and could send you the check in the amount of \$150.00

Please let me know if this is incorrect or if I need to do anything else to solve this matter.

Thanking you in advance for your help.



William R. Brown III
Florida Installation Service & Sales