

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 NOV 22 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000011871**

1. Corporation Name

EXTERIOR HOME PROFESSIONALS, INC.

Principal Place of Business

7121 29TH STREET EAST
SARASOTA FL 34243

Mailing Address

7121 29TH STREET EAST
SARASOTA FL 34243

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

2. New Principal Office Address, If Applicable

18570 Fort Smith Cir.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

18570 Fort Smith Cir
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2001

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

Port Charlotte

City & State

Port Charlotte

Zip

Country

33948

Charlotte

Zip

Country

33948

Charlotte

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	HOFFMAN, TIMOTHY H	7121 29TH STREET EAST 18570 Fort Smith Cir	SARASOTA FL 34243 Port Charlotte, Fl. 33948
D	HOFFMAN, PAUL H	7121 29TH STREET EAST 613 45th St. East	SARASOTA FL 34243 Palmetto, Fl 34221

000009166680
11/22/02--01035--002 **150.00

8. Name and Address of Current Registered Agent

LANGDON, ALLEN E
125 FIRST AVENUE
NOKOMIS FL 34275

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

CR2E040 (8/02)

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

ALL INFORMATION REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/14/02**

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:

SIGNATURE REQUIRED
Paul Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/02
Date

941-753-7287
Daytime Phone #

11/18/2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear sirs:

I am herewith requesting that this corporation, "Exterior Home Professionals", be re-instated.

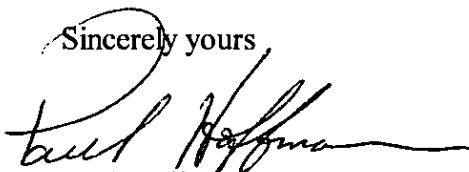
I am further stating that the notification I received of the "Notice Of Administrative Dissolution Or Revocation", was the first communication I have had from the State regarding this corporation since its inception.

Per your instructions, I emphatically state that I did NOT receive the appropriate UBR filing fee, or notification of annual filing fee.

Enclosed, please find a check in the amount of \$150.00 per your instructions, and the completed form for re-instatement, signed by myself, as an officer of the corporation, and the corporations registered agent.

Thank you for your cooperation.

Sincerely yours

A handwritten signature in cursive script, appearing to read "Paul Hoffman", written over a horizontal line.

Paul Hoffman
Director