


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

11 MAR -8 AM 8:30

FILED

RECEIVED

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000018279

1. Corporation Name

R. B. SIEGEL GARAGE DOORS, INC.

2. Principal Office Address - No P.O. Box #

1760 EXECUTIVE ROAD

3. Mailing Office Address

PO BOX 1496

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

Zip

33884

Country

USA

Zip

33882-1496

Country

USA

600197137796
03/08/11--01035--014 **900.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/03

5. FEI Number

59-3699398

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT B. SIEGEL

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

1760 EXECUTIVE ROAD

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33884

S. HAWKES

MAR 08 2011

EXAMINER

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

[Signature]

Date 3-2-11

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
PSTD	ROBERT B. SIEGEL	1970 8TH STREET, SE	WINTER HAVEN, FL 33880

REINSTATEMENT

2010-11

10. E-mail Address: *barry.cdc@verizon.net*

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/11

Date

863-294-1114

Daytime Phone #