

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -9 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000023249

**1. Corporation Name**

Signature Solid Surfacing, Inc.

**2. Principal Office Address**

4425 Kathleen Road

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33810

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/6/01

**5. FEI Number**

59-3704566

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

Chad Cornell

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

4425 Kathleen Road

000025330000  
12/09/03--01014--019 \*\*120.00

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33810

**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

*Chad Cornell*

REGISTERED AGENT MUST SIGN

Date

12/01/03

**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
P	Chad Cornell	4425 Kathleen Road	Lakeland, FL 33810

**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:

*Chad Cornell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/03

Date

(863) 853-130

Daytime Phone #

CR25001 (10/02)