

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB 21 PM 12:08

DOCUMENT # PO1000040635

1. Corporation Name

A W INSULATION, INC.

500013697305  
03/07/03--01062--036 \*\*908.75

2. Principal Office Address

3805 COONS AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

804 LEXINGTON ROAD

Suite, Apt. #, etc.

City & State

PENSACOLA

City & State

PENSCOLA

Zip

32505

Country

ESCAMBIA

Zip

32514-9534

Country

ESCAMBIA

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/2001

5. FEI Number

59-3712411

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

ASHLEY WATSON

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

804 LEXINGTON ROAD

Suite, Apt. #, Etc.

City

PENSACOLA

State  
**FL**

Zip Code  
32514

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

*Ashley H Watson*  
REGISTERED AGENT MUST SIGN

Date 02/17/2002

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
PRES	ASHLEY WATSON	804 LEXINGTON ROAD	PENSACOLA, FL 32514
VP	JASON JERKINS	3805 COONS AVENUE	PENSACOLA, FL 32505

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:

*Ashley H Watson* / Ashley H Watson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/03

Daytime Phone #

850 324-5124

CR2E081 (10/02)