

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -9 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064991

1. Corporation Name

Henry Kyle Room Additions & Remodeling ,Inc.

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

4333 118 Ave N

3. Mailing Office Address

4333 118 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33762

Country

USA

Zip

33762

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida January 8, 1999

5. FEI Number

593556205

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 F. Elder

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

4333 118 Ave N

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33762

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Robert F. Elder

REGISTERED AGENT MUST SIGN

Date February 5, 2010

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	Robert F Elder	4333 118 Ave N	Clearwater, FL 33762
ST	Robert F Elder	4333 118 Ave N	Clearwater, FL 33762
D	Robert F Elder	4333 118 Ave N	Clearwater, FL 33762

10. E-mail Address: belder@theexpertstampabay.com

(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., 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.

SIGNATURE:

Robert F. Elder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 5, 2010 727-561-0604

Date

Daytime Phone #