

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*PPR/lfz*

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000078065

1. Corporation Name

ADA RENOVATION SPECIALISTS, INC.

Principal Place of Business

1230 RUSSELL DRIVE  
OCOE FL 34761

Mailing Address

1230 RUSSELL DRIVE  
OCOE FL 34761

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/08/2001

5. FEI Number

59-3740620

Applied For

Not Applicable

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
P	HIPPENSTEEL, LISA	1230 RUSSELL DRIVE	OCOE FL 34761
V	HIPPENSTEEL, RANDY	1230 RUSSELL DRIVE	OCOE FL 34761

400008841934  
11/08/02--01146--021--\*\*150.00

*TS 02 UBR*

8. Name and Address of Current Registered Agent

HIPPENSTEEL, RANDY  
1230 RUSSELL DRIVE  
OCOE FL 34761

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

*Randy Hippensteel*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/1/02

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:

*Lisa Hippensteel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/02

Date

Daytime Phone #

407-656-7134



## RENOVATION SPECIALISTS, INC.

November 1, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Notice of Administrative Dissolution or Revocation

Attached are the necessary forms requested to reinstate the corporation of ADA Renovation Specialists, Inc. back to "active" status. The two prior Uniform Business Report notices that are mentioned were never received. It is our first year of operation and I didn't know to look for this or that it was needed.

Also enclosed is the \$150 fee for reinstatement and UBR filing fee. Please accept as our letter for reinstatement to return our corporation to "active" status.

Thank you for your assistance. If you need further information, please contact me at 407-656-7134 or cell 321-303-4668.

Thank you,

Lisa Hippensteel  
President

1230 RUSSELL DRIVE, OCOEE, FLORIDA 34761  
OFFICE - 407-656-7134