

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -3 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200023545362  
10/03/03--01063--012 \*\*150.00

REINSTATEMENT 03

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000083620

**1. Corporation Name**

A AABLE Overhead Door Company Inc.

**2. Principal Office Address**

4708 Parkway Commerce Blv.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32808

Country

US

**3. Mailing Office Address**

4708 Parkway Commerce Blv.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32808

Country

US

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

08/23/2001

**5. FEI Number**

59-3750473

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

Peter J. Stephens Sr.

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

4708 Parkway Commerce Blvd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

**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

REGISTERED AGENT MUST SIGN

Date 10/01/2003

**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
V/P	Marlene A. Stephens	4708 Parkway Commerce Blvd.	Orlando, Florida 32808

**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:

Marlene A. Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/03

Date

407 299-9133

Daytime Phone #

CR2E061 (10/02)

7/10/17

A AABLE OVERHEAD DOOR COMPANY INC.  
4708 Parkway Commerce Blvd.  
Orlando, Florida 32808  
407 299-9133


Date: October 1, 2003

To: Florida Department Of State Division Of Corporations

Re: Reinstatement of Corporation

Please find the enclosed application for reinstatement of our corporation with the fee. When applying for renewal of our occupational license we were told that the Corporation was inactive as of September 19, 2003. We ask that you please waive the late penalties and fees as we never received the renewal form. We had sent in a change of address and never received the renewal form. Enclosed is the reinstatement form and a check for the \$150.00. Should you not be able to waive the fee I will forward the additional fees. Any assistance in this matter is greatly appreciated.

Sincerely,



Marlene Stephens

Document # 901000083620