

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 13 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000103948

**1. Corporation Name**

MASTERPIECE EXTERIORS, INC.

REINSTATEMENT 03-04

800028739688

02/13/04--01042--021 \*\*750.00

**2. Principal Office Address**

11738 Currie Lane

**3. Mailing Office Address**

11738 Currie Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL 33774

City & State

Largo, FL 33774

Zip

33774

Country  
USA

Zip

33774

Country  
USA

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

**5. FEI Number**  
59-3752849

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

RICHARD P. CATON, ESQUIRE

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

9075 Seminole Boulevard

Suite, Apt. #, Etc.

City

Seminole, Florida 33772

State  
FL

Zip Code  
33772

**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

*[Signature]*

Date

2/10/04

REGISTERED AGENT MUST SIGN

**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, S, T, D	STEVE LEACH	11738 Currie Lane	Largo, Florida 33774

**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:**

*[Signature]* - President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-10-04

Daytime Phone #