

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000110089

1. Corporation Name

Specialty Installation Group, Inc.

2. Principal Office Address

4688 Scarlet Court

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32210

Country

US

3. Mailing Office Address

4688 Scarlet Court

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32210

Country

US

REINSTATEMENT 02-03

500024080165
10/24/03--01019--029 **300.00

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

11/19/2001

5. FEI Number

59-3752918

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

Ronald Lee Smith

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

4688 Scarlet Court

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

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

Ronald Lee Smith

REGISTERED AGENT MUST SIGN

Date 10/22/03

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
PSTD	Paula W. Smith	4688 Scarlet Court	Jacksonville, Florida 32210
VD	Ronald L. Smith	4688 Scarlet Court	Jacksonville, Florida 32210

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:

Ronald Lee Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Lee Smith

Date

10/22/03

Daytime Phone #

904/722-6563

CR2081 (10/02)

4688 Scarlet Court
Jacksonville, Florida 32210
Phone: 904/772-6563 Fax: 904/772-6163



Specialty Installation Group, Inc.

October 22, 2003

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

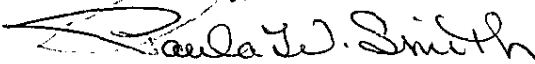
To Whom It May Concern:

My name is Paula Smith, President of Specialty Installation Group, Inc. I would like to ask for a waiver of the late fee for filing our Corporate Reinstatement form due to the fact that I never received the documentation to file our Uniform Business Report for the year 2002 or 2003. I do not know what happened, but I assure you if they had been received the forms that they would have been duly processed and returned in a timely manner.

Our company is new at all of this, but I assure you if I had received the paperwork it would have been taken care of accordingly. I am enclosing a check for \$300.00 at this time to cover the cost of Reinstatement.

I hope you will take my request into consideration.

Sincerely,



Paula W. Smith
President

Paula W. Smith