

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000010010**

1. Corporation Name

ED'S SIDING SOLUTIONS, INC.

Principal Place of Business

1319 RENEE AVENUE
ORLANDO FL 32825

Mailing Address

1319 RENEE AVENUE
ORLANDO FL 32825



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/2002

5. FEI Number

20-0320322

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CITARELLI, ED	1319 RENEE AVENUE	ORLANDO FL 32825

800024100138

10/27/03--01005--013 **150.00

10/29

8. Name and Address of Current Registered Agent

CITARELLI, ED
1319 RENEE AVENUE
ORLANDO FL 32825

9. Name and Address of New Registered Agent

Name

Street Address **SMK ACCOUNTING SERVICES, INC.**

1411 El Cajon Ct.

Suite, Apt. #, Etc.

Winters Springs, FL 32708

City

407-971-2764

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-22-03**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 20 03

Date

Daytime Phone #

CR2E040 (7/03)



1319 Renee Avenue
Orlando, FL 32825

Ed's Siding Solutions Inc.

October 22, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please find attached the application of Reinstatement for my Corporation. I have enclosed a check in the amount of \$150.00 to file this report and am asking that the Division Of Corporations waive the reinstatement fees for the following reason:

I became ill during the Spring with pneumonia and then had a heart attack. I ended up being hospitalized for 4 months and was unable to run my business during this time. My daughter and son-in-law ran the business in my absence and did not handle this matter as well as many other matters that I trusted they would take care of. Therefore I never received the USB applications or was even aware that they were not filed until I was able to return to work last week and saw your notice of dissolution.

I can if you request, provide you with all medical records which would show my having been in the hospital and the dates involved. Please feel free to contact me if you require this or any other documentation. I am hopeful that you will be able to reinstate my Corporation immediately and would request that you correspond with me as it relates to informing me if and when my company has been reinstated.

I thank you in advance for your consideration of this request and for your prompt handling of this matter.

Sincerely,

Ed Citarelli
President

[Click here and type slogan]

