

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 31 PM 1:01

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000032164**

1. Corporation Name

DOUGLAS HOME IMPROVEMENTS, INC.
301 S.W. 7TH STREET
HALLANDALE, FL 33009

2. Principal Office Address

301 S.W. 7TH STREET

3. Mailing Office Address

301 S.W. 7TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE, FLORIDA

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

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

MARCH 22, 2002

5. FEI Number

04-3630127

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

WOP

7. Name and Address of Current Registered Agent

Name

DOUGLAS MASSI

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

301 S.W. 7TH STREET

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

100059069031
08/30/05--01002--003 ***450 00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0506, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8/24/05

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	DOUGLAS MASSI	301 S.W. 7TH STREET	HALLANDALE, FL 33009

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/24/05 954-394-2014

CR2E081 (01/05)

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**DOUGLAS HOME IMPROVEMENTS, INC.
301 S.W. 7TH STREET
HALLANDALE, FL 33009**

August 23, 2005

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

RE: Douglas Home Improvements, Inc.
F.E.I.N – 04-3630127
DOCUMENT NUMBER – P02000032164

Dear Sir or Madam:

I am the President of Douglas Home Improvements, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office. I have been continually having problems with mail for the last several years. I have enclosed a reinstatement form to update my company along with a check in the amount of \$450.00 for the renewal fees for 2003, 2004 and 2005. Please make a note of the correct mailing address and adjust your records accordingly.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,



Douglas Massi
President

Enclosures