

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000039982

1. Corporation Name

CENTRAL FLORIDA REMODELING, INC.

2. Principal Office Address

265 DUBLIN DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

265 DUBLIN DRIVE

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

City & State

LAKE-MARY, FL

Zip

32746

Country

USA

Zip

32746

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/08/2002

5. FEI Number

030465518

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

FRANKLIN CEBALLOS

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

265 DUBLIN DRIVE

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

*Franklin Ceballos*  
REGISTERED AGENT MUST SIGN

Date

02/04/04

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	FRANKLIN CEBALLOS	265 DUBLIN DRIVE	LAKE MARY, FL 32746
S/T	HUNGRIA CEBALLOS	265 DUBLIN DRIVE	LAKE MARY, FL 32746

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:

*Franklin Ceballos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANKLIN CEBALLOS

Date

02/04/04

Daytime Phone #

407-383-0101

FILED

04 FEB -9 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-84

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02/09/04--01035--022 \*\*900.00

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