

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 16 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000053749**

1. Corporation Name

**J & S PVC & TILE, INC.**

Principal Place of Business

Mailing Address

4893 E PINTO WAY  
ORLANDO FL 32810

4893 E PINTO WAY  
ORLANDO FL 32810



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	UPCHURCH, JOHN E	4893 E PINTO WAY	ORLANDO FL 32810
V	UPCHURCH, STACY S	4893 E PINTO WAY	ORLANDO FL 32810
S	<del>PENNINGTON, JASON</del> JUSTIN MANNING	<del>3637 CHALET CT</del> 7922 MUSTANG	<del>ORLANDO FL 32810</del>
T	UPCHURCH, JOHN E	4893 E PINTO WAY	ORLANDO FL 32810
			100823860751 10/16/08--01073--009 **158.75

8. Name and Address of Current Registered Agent

UPCHURCH, JOHN E  
4893 E PINTO WAY  
ORLANDO FL 32810

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

ORL

FL

32810

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

*John Upchurch*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

*Stacy Upchurch*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03 407 4688971

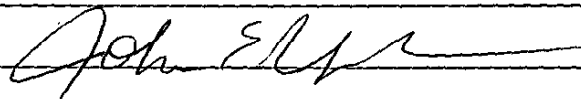
Date

Daytime Phone #

To Whom it may Concern

This is to inform you that  
this is the first UBR Notices  
we have Received. Therefore  
here is a check for 158.75 for  
Reinstatement fee and a  
Certificate of Status

Thank you



John E Upchurch (pres.)