

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 17 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092439

1. Corporation Name

WILLIAM MOORE HOME EXTERIORS, INC.

Principal Place of Business

Mailing Address

2504 N.W. 134TH STREET
CITRA FL 32113

2504 N.W. 134TH STREET
CITRA FL 32113



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

08/26/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

52-2374388

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MOORE, WILLIAM	2504 N.W. 134TH STREET	CITRA FL 32113

000023908130
10/17/03--01080--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOORE, WILLIAM
2504 N.W. 134TH STREET
CITRA FL 32113

Name

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

Suite, Apt. #, Etc.

City

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 OF REGISTERED AGENT
REGISTERED AGENT MUST SIGN

Date

10-13-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-03 (352) 427-6330

CR2E040 (7/03)

W. MOORE Home Exteriors
2504 NW 134th St
Coral, FL 32113

Dept. of STATE,

Original Form & money ORDER

Sent OUT IN FEBRUARY. COST IN

MAIL. I RECEIVED NOTICE IN MARCH

ABOUT my CORPORATION BEING DISSOLVED,

IN EARLY OCTOBER.

I CALLED Dept. OF STATE

AND They Told me to write this letter

TO Inform you OF SITUATION AND Enclose

A check For \$150.00.