

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 12:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000101598**

1. Corporation Name

CNB DOOR COMPANY, INCORPORATED

Principal Place of Business

Mailing Address

~~1850 RAMBOLT STREET~~
JACKSONVILLE FL 32201

~~1850 RAMBOLT STREET~~
JACKSONVILLE FL 32201



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

2. New Principal Office Address, If Applicable

1850 WAMBOLT ST

Suite, Apt. #, etc.

UNIT 9

City & State

JACKSONVILLE, FL

Zip

32202

Country

FLORIDA

3. New Mailing Office Address, If Applicable

1850 WAMBOLT ST.

Suite, Apt. #, etc.

UNIT 9

City & State

JACKSONVILLE FL

Zip

32202

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2002

5. FEI Number

22-3871899

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	William C. Wagner Jr.	6028 Brookridge Rd.	JACKSONVILLE, FL 32210

8. Name and Address of Current Registered Agent

WAGNER, WILLIAM C JR
~~1850 RAMBOLT STREET~~
JACKSONVILLE FL 32201

9. Name and Address of New Registered Agent

Name

Wagner, William C. Jr

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

1850 Wambolt St.

Suite, Apt. #, Etc.

Unit 9

City

JACKSONVILLE

State

FL

Zip Code

32202

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

William C. Wagner Jr

Date **10-23-03**

REGISTERED AGENT MUST SIGN

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.

William C. Wagner Jr

William C. Wagner Jr

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03 904-354-3667

Date

Daytime Phone #

CR00040 (7/03)