## **APPLICATION** FÖR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P020001	07868
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1. Corporation Name

D.F. VINYL INC.

Principal Place of Business

Mailing Address

03 DEC 10 AM 9: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

5406 CHIC MIDDLEBU	CORY-ST IRG FL 32068		5406 CHICOR MIDDLEBURG				DEIN!	STATEM	ENT	03
If above	addresses are incorr	rect in any way, line th	rough incorrect i	nformation a	and enter co	orrection below.	1 fresa	A 11.00 mo		THEN
If above addresses are incorrect in any way, line through incorrect  2. New Principal Office Address, If Applicable  3. New Mai		•	iling Office Address, If Applicable			orated or Qualified ness in Florida	10/07/20	m2		
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #,	#, etc.		5. FEI Numbe		10/07/20	Applied For		
City & State City & S		City & State	ate		11-3680498 Not Applica					
Zip	Country Zip		Zip	Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Address	es of Each Officer and	or Director (Flo	rida nonpro	ofit corporation	ons must list at lea	ast 3 directors)			
Title(s)	2	Name of Officers and/or Directors			et Address of Each eer and/or Director		City / State / Zip		›	
P	FOUTY, DELTON R			5406 CHICORY ST			MIDDLEBURG FL 32068			
							12/18/	1002560 10301057(	18566 127 ** 19	; 58. 75
	S. Name and	Address of Current	Registered Age				Q Name and	Address of New Regi	istorad A <i>n</i> ant	
· · · · · · · · · · · · · · · · · · ·	8. Name and Address of Current Registered Agent Name				5, Hamile and Address of New Hogistored Agent					
FOUTY, DELTON R 5406 CHICORY ST MIDDLEBURG FL 32068				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.						
			- 118 tm.			City		-	State Zip C	ode
10. I, bein	ng appointed the regi	stered agent of the ab	ove named como	oration, am	familiar with	and accept the o	bligations of Sect	ion 607.0505, F.S. or 6	517.0505, F.S.	

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:

ME OF SIGNING OFFICER OR DIRECTOR

RED AGENT MUST SIGN

Date 11-9-03

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	11-7-03	•
	To whom it may concern,	<del></del>
	Ule never received a first notice	
	that us needed to lile an annual report	./
	uniform business report. The only letter whe received was that the corporation to	
	We received was that the corporation to	rd
	luen dissolve de	
	Thank you	<del></del>
	Deltin & Forty	<u></u>
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	D.F. Vingl 5406 Chicory Middlehung, 7	1 3761
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