

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 17 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/17/06--01013--001 **900.00

DOCUMENT # P02000107875

1. Corporation Name

WILLIAM ERIKSSON FRAMING CO.

2. Principal Office Address

AVE

1477 ADMIRAL NIMITZ

Suite, Apt. #, etc.

City & State

DAYTONA BEACH

Zip

32124

Country

3. Mailing Office Address

AVE

1477 ADMIRAL NIMITZ

Suite, Apt. #, etc.

City & State

DAYTONA BEACH

Zip

32124

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/4/2002

5. FEI Number

743066325

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

LISA ERIKSSON

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

1477 ADMIRAL NIMITZ AVE

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State
FL

Zip Code

32124

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

REGISTERED AGENT MUST SIGN

Date

11/15/06

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	WILLIAM ERIKSSON	1477 ADMIRAL NIMITZ AVE DAYTONA BEACH FL 32124	DAYTONA BEACH FL 32124
1	JEFFREY FRENCH	PO BOX 11324 DAYTONA BEACH FL 32124	DAYTONA BEACH FL 32124

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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/06

Date

386 527 5877

Daytime Phone #