

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 NOV 21 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108623

1. Corporation Name

NUMBER 1 ACRYLICS, INC.

Principal Place of Business

Mailing Address

206 N DEAN ROAD  
ORLANDO FL 32825

206 N DEAN ROAD  
ORLANDO FL 32825

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/2002

5. FEI Number

33-107 5631

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
D	LEEMAN, ROBERT M	206 N. DEAN ROAD	ORLANDO FL 32825

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEEMAN, ROBERT M  
206 N DEAN ROAD  
ORLANDO FL 32825

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-19-03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-03

Date

407-249-8372

Daytime Phone #

To Whom:

I was having problems with the gentleman I worked with and I told him I was going on my own. After incorporating we dissolved our differences and I continued to work for him. I never opened an incorporate account or used it's name. I never received either of the UBR notices and wasn't even aware of them until I received the application for Reinstatement form, Please reinstate.

Sincerely

Robert Linn