

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000124565

1. Corporation Name

PSR REMODELING & INSPECTIONS, INC.

Principal Place of Business

Mailing Address

341 GLENVIEW DRIVE  
WINTER GARDEN FL 34777  
US

PO BOX 770015  
WINTER GARDEN FL 34777  
US

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

11/22/2002

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SCRIBNER, FRANKLIN P III <i>Franklin P. Scribner III</i>	341 GLENVIEW DRIVE	WINTER GARDEN FL 34777

800024054498  
10/23/03--01073--025 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCRIBNER, FRANKLIN P III  
820 LAKE KATHRYN CR  
CASSELBERY FL 32707

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

*Franklin Pierce Scribner III*

REGISTERED AGENT MUST SIGN

Date 10-20-03

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:

*Franklin Pierce Scribner III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-03

Date

Daytime Phone #

CR2E040 (7/03)

10-20-03

To whom it may concern,

I never received my first notice.  
This notice I received and am sending it  
right back in. I did not want to  
lose my corporation that I just set  
up less than a year ago.

Here is my check for the \$150.00

Thank you

Franklin Pierce Scribe #