

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**05 NOV -7 PM 5:26**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P030000013823

**1. Corporation Name**

EXTERIOR SOLUTIONS BY RICHARD, INC.

600060693186  
10/18/05--01007--014 \*\*750.00

**2. Principal Office Address**

5421 BROOKMEADE DR

**3. Mailing Office Address**

W05-48269 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

Country

34232

USA

600060693186  
10/18/05--01007--015 \*\*8.75  
REINSTATEMENT 04-05

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

**5. FEI Number**

20-0274646

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

RICHARD THACKER

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

5421 BROOKMEADE DR

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34232

**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

*Richard Thacker*

Date 10-13-05

REGISTERED AGENT MUST SIGN

**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	RICHARD THACKER	5421 BROOKMEADE DR	SARASOTA, FL 34232

**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 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:**

*Richard Thacker* (Pres)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-05 724 3231

Daytime Phone #

B. Mitchell NOV 7 2005