

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 23 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000012413**

1. Corporation Name

S & S GARAGE DOORS INC

2. Principal Office Address - No P.O. Box #

4557 FOXTOWN SOUTH

Suite, Apt. #, etc.

City & State

POLK CITY, FLORIDA

Zip

33868

Country

USA

3. Mailing Office Address

4557 FOXTOWN SOUTH

Suite, Apt. #, etc.

City & State

POLK CITY, FLORIDA

Zip

33868

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/2004

5. FEI Number
52-2439717

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

SEAN HENDRICKS

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

4557 FOXTOWN SOUTH

Suite, Apt. #, Etc.

City

POLK CITY

State

FL

Zip Code

33868

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Sean Hendricks

Date **5-15-08**

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
PRES	SEAN HENDRICKS	4557 FOXTOWN SOUTH	POLK CITY, FL 33868

100130189491
05/23/08--01036--016 **\$08.75

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:

Sean L. Hendricks

SEAN L. HENDRICKS

5/14/08

863-815-1327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 20 2008