

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 11 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000031163**

1. Corporation Name

TONY RILEY INSTALLATIONS, INC.

2. Principal Office Address

661 10TH ST. N.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 488

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34102

Country

U.S.A.

City & State

GOODLAND FL

Zip

34140

Country

U.S.A.

REINSTATEMENT

05-080

4. Date Incorporated or Qualified
To Do Business in Florida

FEB. 10, 2004

5. FEI Number

200765356

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

TONY RILEY

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

661 10TH ST. N.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

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

TONY RILEY

REGISTERED AGENT MUST SIGN

Date **12/07/06**

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	TONY RILEY	661 10TH ST. N.	NAPLES, FL 34102
S/T	BARBARA KNOEBEL	679 PALM AVE. W.	GOODLAND, FL 34140
VP	DAWN RILEY	661 10TH ST. N.	NAPLES, FL 34102

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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:

DAWN RILEY - DAWN RILEY 12/07/06 (239) 821-8180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED DEC 11 2006