

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FORM

07 NOV 30 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804000079217

1. Corporation Name

Surplus Installers, Inc.

12-3-07
fy

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

SW State Highway 121

3. Mailing Office Address

P O BOX 209

REINSTATEMENT 105.07

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/2004

City & State

Worthington Springs

City & State

Worthington Springs

5. FEI Number

20-1142695

Applied For

Not Applicable

Zip

32697

Country

Zip

32697

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee req
for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name

Clair B. Rusty Bayne

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

SW State Highway 121

Suite, Apt. #, Etc.

City

Worthington Springs

State

FL

Zip Code

32697

☒ 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

Clair B. Rusty Bayne
REGISTERED AGENT MUST SIGN

Date

11-27-07

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	Clair B. Rusty Bayne	SW State Highway 121	Worthington Springs, FL 3205

900112729619
11/30/07--01049--012 **450.00

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:

Clair B. Rusty Bayne C.B. BAYNE 11-27-07 352-283-9993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #