

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**

**REINSTATEMENT**

2005 AR



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 004000139312

**1. Corporation Name**

BOO-TEX HOME IMPROVEMENT, INC.

**2. Principal Office Address**

5320 LESCOT LANE

Suite, Apt. #, etc.

**City & State**

ORLANDO, FL

**Zip**

32811

**Country**

USA

**3. Mailing Office Address**

5320 LESCOT LANE

Suite, Apt. #, etc.

**City & State**

ORLANDO, FL

**Zip**

32811

**Country**

USA

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

10/07/2004

**5. FEI Number**

20-1720311

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$3.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

TERRANCE L. WOULARD

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

5320 LESCOT LANE

Suite, Apt. #, Etc.

**City**

ORLANDO

**State**

FL

**Zip Code**

32811

**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

*Terrance L. Woulard*

Date 04-25-05

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
D/P	TERRANCE L. WOULARD	5320 LESCOT LANE	ORLANDO, FL 32811

700054844397  
05/12/05--01081--011 \*\*150.00

**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 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:**

*Terrance L. Woulard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (01/05)

5/10/05