

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 30 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 204000150994
1. Corporation Name
Installations By Rafanelli, Inc.

2. Principal Office Address
7667 W Sample Rd
Suite, Apt. #, etc. 143

3. Mailing Office Address
7667 W Sample Rd
Suite, Apt. #, etc. 143

City & State
Coral Springs FL
Zip 33065 Country US

City & State
Coral Springs FL
Zip 33065 Country US

4. Date Incorporated or Qualified
To Do Business in Florida 11-3-04
5. FEI Number 20-1836755 ☒ Applied For
☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name
Rafanelli Robert
Street Address (P.O. Box Number is Not Acceptable)
7667 W Sample Road
Suite, Apt. #, Etc.
#143
City
Coral Springs

800064555328
01/26/06--01066--010 **750 00

State
FL Zip Code
33065

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

Robert Rafanelli
REGISTERED AGENT MUST SIGN

Date Dec 21, 2005

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
<u>Pres</u>	<u>Robert Rafanelli</u>	<u>7667 W Sample Rd 143</u>	<u>Coral Springs FL 33065</u>

12/30

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:

Robert Rafanelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 21, 2005 (917) 622-8721
Date Daytime Phone #