

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 26 AM 10:19

DOCUMENT # P05000009583

1. Corporation Name

**B & H REMODELING, INC**

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

1017 SAN DOMINGO ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32808

Country

ORANGE

3. Mailing Office Address

1017 SAN DOMINGO ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32808

Country

ORANGE

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/2005

5. FEI Number

20-2207519

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

BOLTON, HENRY

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

1017 SAN DOMINGO ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

☒ 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

Date

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
PSD	BOLTON, HENRY	1017 SAN DOMINGO ROAD	ORLANDO, FLORIDA 32808

**REINSTATEMENT**

06-07

000109932850  
03/26/07--01011--012 \*\*300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Henry Bolton, President* 9-24-07 407 367-8625