

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR -7 PM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO5000108427

1. Corporation Name

RB Door & Installation Inc.

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

4052 83rd St. N

Suite, Apt. #, etc.

3. Mailing Office Address

4052 83rd St. N

Suite, Apt. #, etc.

City & State

St. Petersburg

City & State

St. Petersburg

Zip

33709

Country

Pinellas

Zip

33709

Country

Pinellas

7. Name and Address of Current Registered Agent

Name

Rodney Beckett

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

4052 83rd St. N.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33709

4. Date Incorporated or Qualified To Do Business in Florida

8/4/2005

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

REGISTERED AGENT MUST SIGN

Date

2/24/08

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>CEO</u>	<u>Rodney Beckett</u>	<u>4052 83rd St. N.</u>	<u>St Petersburg, FL 33709</u>
			100118924281
			02/27/08--01023--010 **448.85
			100118924281
			03/12/08--01026--021 **9.90

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 #

REINSTATEMENT 06-08
CR2E081 (12/07) KS