PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

FILED

OO: II MA IS NAL TE

REINSTATEMENT P93000068058 **DOCUMENT #** 1. Corporation Name GAYLORD INSULATION, INC.

1. Corporation Name GAYLORD INSULATION, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
POST OFF	ace of Busine ICE BOX 2608 NGS FL 32643	Mailing Address POST OFFICE BOX 2608 HIGH SPRINGS FL 32643							
				h incorrect information and enter correction below. New Mailing Office Address, If Applicable Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 09/24/1993 5. FEI Number Applied For		
City & State	3		City & State				6.	59-3207414	Applied For Not Applicable
Zip			Zip				CERTIFICATE OF STATUS DESIRED for a Certificate of Status		\$8.75 Additional Fee required for a Certificate of Status
7. Names a	lames and Street Addresses of Each Officer and/or Director Name of Officers and/or Directors 2			ctor (Florida nonprofit corporations mus Street Addre Offlicer and/c 3 (Do NOT Use Post O			1	City / State / Zip	
P	GAYLORD, EMMETT			P. O. BOX 2		2608 N/A		HIGH SPGS. FL	
1								****375.1	575769 -01041-017 00 ****375.00
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name			
DAVIS, NETTIE 1247 E. BAYA AVE. LAKE CITY FL 32025						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code			
Signature o Registered	Agent 7	e registered agent of the ab	EGISTERED AG	ENT MUST	SIGN	Topf !	bligations of Section	on 607.0505, F.S. Date /////	196
De	ept. of R	evenue under S.	199.032,	Florida	Statu	tes. Yes	No [er side for information intangible tax.)
this rein owed b	statement ap y the corporat	officer or director or the rece plication, the reason for diss ion have been paid and the true and accurate, and my s	olution has been names of individ	eliminated, luais listed o	the corpora in this form	ate name satisfies do not qualify for	the requirements an exemption und	of section 607.0401 or 6	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #