

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 28 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068058

1. Corporation Name Gaylord Insulation, Inc.

2. Principal Office Address

13869 County Rd 137
Suite, Apt. #, etc.

3. Mailing Office Address

846 SW Main Blvd
Suite, Apt. #, etc.

City & State

Wellborn, FL
Zip 32094 Country USA
Suwannee

City & State

LAKE CITY FL
Zip 32025 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/93

5. FEI Number

59-3207414

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

Nettie Davis

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

846 SW Main Blvd.

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32025

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

Nettie Davis

Date 3/26/03

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
<u>Pres</u>	<u>Phillip Gaylord</u>	<u>13869 CR 137</u>	<u>Wellborn, FL 32094</u>
<u>Sec</u>	<u>Nettie Davis</u>	<u>846 SW Main Blvd</u>	<u>LAKE CITY FL 32025</u>

REINSTATEMENT 00-03 TS

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:

Phillip Gaylord
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03
Date

386-752-4576
Daytime Phone #

CR2E081 (10/02)