

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -8 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012842

1. Corporation Name

UNITED CEILING, INC.

2. Principal Office Address

2101 N.W. 119 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2101 N.W. 119 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33167

Country

U.S.A.

City & State

MIAMI, FL.

Zip

33167

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2-10-1994

5. FEI Number

65-0472430

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

PATTERSON DERMOTT

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

1411 N.W. 198th STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33169

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/3/04

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
PRES.	PATTERSON DERMOTT	1411 N.W. 198 th ST	MIAMI, FL 33169
SEC.	PATTERSON MARCIA	1411 N.W. 198 th ST	MIAMI, FL 33169
V.P.	PATTERSON GARTH	2101 N.W. 119 ST	MIAMI, FL 33167

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:

Dermott Patterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/3/04

Daytime Phone # 754-234-4975

CR2E081 (01/04)