PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000029450**

1. Corporation Name

FLORIDA CEILING SYSTEMS, INC.

97 DEC 19 PM 3: 46

SECRETARY OF STATE

FLORIDA CEILING 3131EMS, INC.						Istration to exercise a second		
Principal Place of Business 3620 SERANADA COURT ORLANDO FL 32818			Malling Address SOZO SERANADA COURT ORLANDO FL 32818					
		incorrect in any way, lino the Address, If Applicable	_	nformation and enter correction below. ing Office Address, If Applicable		Date Incorporated or Qualified		
Suite, Apt. #, etc.			Suite, Apt. #	, etc.		To Do Business In Florida 04/14/1994 5. FEI Number Applied For		
City & State			City & State			59-3242188 Not Applicable		
Z ip Country		Country	Ζιρ	Country		6. CERTIFICATE OF STATUS DESIRED (some a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and	/or Director (Fl	orida nonprofit corpor	ations must list at lea	ast 3 directors)		and the second section of the second section of the second section of the second section secti
Title(s) Name of Officers and/or Directors				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		n Numbers)	mbors) City / State / Zip	
D	KENNEDY, EARL D			1.0.00×680045 N/A 36×680045 N/A		ORLANDO FL 9266		
					R		1000238 -12/23/97- -12/23/97- *****750.0	0589-9 -01063-011 0 ****750.00 -/997-
	9 No.		Daulatavad Am		_	O Name and	Address of New Register	inhalas.
8. Name and Address of Current Registered Agent Name						3. Name and Address of the registered Agent 1		
KENNEDY, EARL D 3620 SERANADA COURT ORLANDO FL 32818					Street Address (P.O. Box Number is Not Acceptable)			
AUPHINO LE 25010				Suite, Apt. #, Etc.				
								itale Zip Code
10. I, bein Signature (Registered	of	registered agent of the about A.	ove named corp	oration, am familiar w	ith and accept the ol	bligations of Secti	on 607.0505, F.S.	-16-97
		ration owes or he Personal Proper			ar Yes 🔀	No 🗆		r side for information ntangible tax.)
this reli owed b	nstatement app by the corporati	flicer or director or the recei dication, the reason for dission on have been paid and the rue and accurate, and my si	olution has boor names of Individ	n eliminated, the corpo duals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption una	of section 607.0401 or 61	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-97 (407) X97-012