

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 12 PM 12:49

DOCUMENT # P940000029450

1. Corporation Name

Florida Ceiling Systems, Inc.

2. Principal Office Address

3620 Seranada Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 680645

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

FL, Orlando

Zip

32818

Country

USA

Zip

32868

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/94

5. FEI Number

59-3242188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name

Earl Kennedy

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

3620 Seranada Ct

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

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

Earl D. Kennedy

REGISTERED AGENT MUST SIGN

Date

11/9/04

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
D	Earl D Kennedy	PO Box 680645	Orlando, FL 32868

500042695075
11/12/04--01053--018 **750.00

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:

Earl D. Kennedy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/04

Daytime Phone #