

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000083719

1. Corporation Name

Ceiling Systems, Inc.

Mailing Address

Principal Place of Business

14444 Beach Blvd., Suite 18-229 Same
Jacksonville, FL 32250

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Mailing Address, If Applicable

14444 Beach Blvd.

3. New Principal Office Address, If Applicable

14444 Beach Blvd.

Suite, Apt. #, etc

Suite 18-229

Suite, Apt. #, etc

Suite 18-229

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32250

Country

Duval

Zip

32250

Country

Duval

REINSTATEMENT

9594

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/94

5. FEI Number

59-3336283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and or Director (If Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
1	2	3	4
P/S/D	Carol J. Howard	2536 Bluffton Drive	Jacksonville, FL 32224

8. Name and Address of Current Registered Agent

Amerilawyer
343 Almeria Avenue
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name

Carol J. Howard

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

2536 Bluffton Dr.

Suite, Apt. #, Etc

City

Jacksonville,

State

FL

Zip Code

32224

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Carol J. Howard

REGISTERED AGENT MUST SIGN

Date: 10/18/95

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information)

12. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Carol J. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol J. Howard

10/18/95

Date:

904-992-8435

Daytime Phone #