

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000008989

1. Corporation Name

ADVANCED DECKING, INC.

Advanced Decking, Inc.  
641 Oakford Rd.  
Sarasota, FL 34240

Principal Place of Business

4548 ARDALE STREET  
SARASOTA FL 34232

Mailing Address

4548 ARDALE STREET  
SARASOTA FL 34232

FILED  
00 JUN 13 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT 44-00

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

2. New Principal Office Address, If Applicable

641 Oakford Rd  
Sarasota, FL  
City & State 34240

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/02/1995

5. FEI Number

65-0559809

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 (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HANNON, CHARLES W	4931 82ND PLACE EAST 2212 Outer Drive	BRADENTON FL Sarasota, FL 34231
VSTD	VAN FLEET, PERRY	4545 ARDALE STREET	SARASOTA FL 34232
		641 Oakford Rd Sarasota, FL 34240	6000003299186--5 -06/21/00--01075--001 ****150.00 ****150.00 6000003299186--5 -06/21/00--01075--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

HANNON, CHARLES W  
4931 82ND PLACE EAST  
BRADENTON FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/28/00

11. 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W Hannon

Date

4/28/00

Daytime Phone #

KE