

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

P95000012241

97 MAR 21 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012241

Corporation Name

FIRST CLASS RENOVATIONS, INC.

Principal Place of Business

Mailing Address

1996-97

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

2. New Principal Office Address, If Applicable 2979 NW 56th Avenue		3. New Mailing Office Address, If Applicable 2979 NW 56th Avenue		4. Date Incorporated or Qualified To Do Business in Florida 02/13/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0566155	
City & State Lauderhill, FL		City & State Lauderhill, FL		Applied For Not Applicable	
Zip 33313	Country USA	Zip 33313	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

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
PD	David McClure	2979 NW 56th Avenue	Lauderhill, FL 33313
AS	Deborah D. Skipper	1201 Hays Street	Tallahassee, FL 32301
			200002120532--1

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301

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 Deborah D. Skipper Date March 21, 1997
REGISTERED AGENT MUST SIGN Deborah D. Skipper, As Agent

11. 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.)

12. 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: Deborah D. Skipper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah D. Skipper, Assistant Secretary

March 21, 1997
Date Daytime Phone #

DDK

CR2E040 (12/96)



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 302179 9017A

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 923.75

ORDER DATE : March 20, 1997

ORDER TIME : 11:08 AM

ORDER NO. : 302179-005

CUSTOMER NO: 9017A

CUSTOMER: Ms. Patricia L. Sandlin
Stewart & Associates,
2979 N.w. 56th Avenue

Lauderhill, FL 33313

DOMESTIC FILINGS

NAME: FIRST CLASS RENOVATIONS, INC.

File 1st

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____

RECEIVED
97 MAR 21 PM 12:10
DIVISION OF CORPORATION

P9500001224



FILED
97 MAR 21 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 302179 9017A
AUTHORIZATION : Patricia Pizitz
COST LIMIT : \$ 35.00

ORDER DATE : March 20, 1997

ORDER TIME : 11:09 AM

ORDER NO. : 302179-005

CUSTOMER NO: 9017A

CUSTOMER: Ms. Patricia L. Sandlin
Stewart & Associates,
2979 N.w. 56th Avenue

Lauderhill, FL 33313

Resignation
officer
800002120538--2

DOMESTIC AMENDMENT FILING

NAME: FIRST CLASS RENOVATIONS, INC.

~~EFFECTIVE DATE:~~

File Second

RECEIVED
97 MAR 21 PM 12:10
DIVISION OF CORPORATION

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF

PLEASE RETURN THE FOLLOWING

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD

CONTACT PERSON: Deborah Schroeder

Name	3/24/97
Document	10027
Examiner	10512
Update	10024
Verifier	10512
Acknowledgement	10024
Verifier	10024

EXAMINER'S INITIALS:

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

FILED
97 MAR 21 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Deborah D. Skipper, hereby resign as Assistant Secretary
(Title)
of FIRST CLASS RENOVATIONS, INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA.

That the corporation has been notified in writing of the resignation.

Deborah D. Skipper
(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

P95000012803

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 14, 1997

AMERICAN EQUIPMENT EXPORT, INC.
P O BOX 1164
LABELLE, FL 33975

SUBJECT: AMERICAN EQUIPMENT EXPORT, INC.
Ref. Number: P95000012803

Debit Memo #: 71595-A

This is to inform you that check #? in the amount of \$225.00 submitted with the annual report for AMERICAN EQUIPMENT EXPORT, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$240.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after May 14, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey
Accountant I

Letter Number: 597A00013037

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO :

DEPARTMENT OF STATE

02.14.97

00741

P 95000014653

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	488.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	488.75	OTHER	4

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	4	35.00
12	45-20-2-130001-45300000-00-000100-00	1	70.00
12	45-20-2-130001-45300000-00-000100-00	4	383.75

GRAND TOTAL:

\$ 488.75

72741-G

Process Date: 02/04/97

The above named fund(s) has been reduced by the amount of
this check(s) under authority of Section 215.34, F.S.

State Treasurer

CLAROLAN® SAFETY

ISLANDER AMERICAN . DI

WARRIOR DIVISIONS, INC.
 TEL 407 630 0657

PH. 407-639-0657.

P.O. BOX 478

SHARPES, FL 32859

1373

PAY TO THE ORDER OF

Fl Dept of State

First Union National Bank
of Florida

FRONZ

First Union National Bank
of Florida
Rockledge, Florida
24 Hour Information Service
1-800-735-1012

FOR Oxy-Fes

1001573110

063107513120900011728194

MISSION STATEMENT

10631075131

209000 1 1 7 28 1 911

000038375

NSF - ☐ Literally Deleted
☐ Account Closed
☐ Sign. Not
☐ Signature
☐ etc.

RECEIVED TION

63-75163
0060



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 24, 1997

Warrior Divisions, Inc.
P.O. Box 479
Sharpes, FL 32959

SUBJECT: WARRIOR DIVISIONS, INC.
Ref. Number: P95000014653

Debit Memo #: 72741-C

This is to inform you that your check #1373 dated January 8, 1997 in the amount of \$383.75 and submitted for WARRIOR DIVISIONS, INC. has been returned to us by your bank because of Unavailable Funds.

We request that you remit a cashier's check or money order in amount of \$402.94 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call
(904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 797A00009641

cc:Warrior Divisions, Inc.
315 Belmont Dr.
Cocoa, Florida 32926



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 26, 1997

Warrior Divisions, Inc.
P.O. Box 479
Sharpes, FL 32959

SUBJECT: WARRIOR DIVISIONS, INC.
Ref. Number: P95000014653

Debit Memo #: 72741-G

Due to your failure to respond to our previous letter advising you of the returned check #1373, the Reinstatement for WARRIOR DIVISIONS, INC. has been cancelled and is considered not filed as of March 26, 1997.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 097A00015209

cc:Warrior Divisions Inc.
315 Belmont Dr.
Cocoa, Florida 32926