PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -6 AM 10:05

DOCUMENT # P95000014244

1. Corporation Name

C & J TEXTURES, INC.

Principal Place of Business	Mailing Address
~~9820 87TH ST N~~ ~~LARGO FL 34647~~	~~9820 87TH ST N~~ ~~LARGO FL 34647~~

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

9/11/8

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5200 87TH TER N	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PINELLAS PARK FL	City & State
Zip: 34666 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/20/1985

5. FEI Number: 59-3294879 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DUVALL, CHARLES	9820 87TH ST N	LARGO FL 34647

100002003787--8
-11/13/96--01185--022
*****383.75 *****383.75

8. Name and Address of Current Registered Agent

DUVALL, CHARLES
~~9820 87TH ST N~~
~~LARGO FL 34647~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 5200 87TH TER N

Suite, Apt. #, Etc.

City: PINELLAS PARK State: FL Zip Code: 34666

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 Date: 9-26-96
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED Date: 10-28-96 Daytime Phone #: 584-4487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)