

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 AUG -6 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95 000024422

1. Corporation Name  
CIRCLE BUILDING PRODUCTS, INC.

Principal Place of Business  
5576 RIO VISTA DR.  
CLEARWATER, FL 33760

Mailing Address  
P.O. BOX 17500  
CLEARWATER, FL 33762

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 3/27/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3304553	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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)

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	SNELL, THOMAS H. SR.	5576 RIO VISTA DR.	CLEARWATER, FL 33760
D	SNELL, THOMAS H. JR.	5576 RIO VISTA DR.	CLEARWATER, FL 33760
D	SNELL, ANDREW M.	5576 RIO VISTA DR.	CLEARWATER, FL 33760
			400002264484-9 -08/12/97-01050-001 *****8.75 *****8.75
			REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS  
526 E. PARK AVE - SUITE 200  
TALLAHASSEE, FL 32301-2551

9. Name and Address of New Registered Agent

Name	Name	
Street Address (P.O. Box Number is Not Acceptable)	400002264484-9 -08/12/97-01050-002 *****315.00 *****915.00	
Suite, Apt. #, Etc.	State FL	
City	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 *Greg S. Young*  
REGISTERED AGENT MUST SIGN

Date

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:

*Thomas H. Snell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/01/97 813-538-2700  
Date Daytime Phone #

CR2E040 (1/2/96)