

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 NOV 20 AM 10:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000032481**

1. Corporation Name
R & S LATHING, INC.

Principal Place of Business 5093 MAIRCA PLACE WEST PALM BEACH FL 33407	Mailing Address 5093 MAIRCA PLACE WEST PALM BEACH FL 33407
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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/24/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0588054	
				Applied For	
				Not Applicable	
				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	4 City / State / Zip
PV	TAYLOR, LIVINGSTON R	5093 MAIRCA PLACE	WEST PALM BEACH FL 33407
STD	TAYLOR, LIVINGSTON R	5093 MAIRCA PLACE	WEST PALM BEACH FL 33407

000009090510
 11/20/02--01005--026 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
TAYLOR, LIVINGSTON R 5093 MAIRCA PLACE WEST PALM BEACH FL 33407		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

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. or 617.0505, F.S.

Signature of Registered Agent: LIVINGSTON R TAYLOR **SIGNATURE REQUIRED** Date 11 17 02
 REGISTERED AGENT MUST SIGN

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: LIVINGSTON R TAYLOR **SIGNATURE REQUIRED** Date 11 17 02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)

Mark Widlansky

CERTIFIED PUBLIC ACCOUNTANT
5641 MAHOGANY RUN PLACE
LAS VEGAS, NEVADA 89122
Telephone: 1/888/746-5236

Division of corporations
Annual Report / Reinstatement Section
P.O.Box 6327
Tallahassee, Florida 32314 - 6327

Re: Document# P95000032481

R-&-S-Lathing Inc.
5093 Mairca Place
West Palm Beach, Florida

FEI# 65-0588054

To Whom It May Concern:

Please re-instate the above noted corporation per the check for \$ 150.00 enclosed with the form-Application for Reinstatement - as of this date.

The corporation is inactive at this time but the taxpayer wishes to keep it in place. He did not realize that by not paying this, the corporation would be dissolved / revoked by the State of Florida.

Thank you for your assistance in this matter.