

**Edward B. Knauer**  
**Attorney at Law**

501 Goodlette Road North, Suite D-100  
Naples, Florida 33940  
(813) 649-5449

Also admitted to practice in  
New Jersey and Maine

*Has used Dutch signature*

**P95000040796**

May 17, 1995

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

3000001495743  
-05/22/95--01067--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: Extendall Scaffolding, Inc.

Dear Sir/Madam:

Enclosed for filing please find an original and one (1) copy of the articles of incorporation, an original and one (1) copy of the certificate naming the registered agent and my check No. 1081 in the amount of \$70.00 to cover the filing fees.

Please return conformed copies of the articles and certificate to my office in the enclosed postage paid envelope.

Thank you for your assistance.

Sincerely,

*Edward B. Knauer*  
Edward B. Knauer

EBK/tk  
enc.

05 MAY 22 AM 9:37

*WJW 5/24/95*

ARTICLES OF INCORPORATION OF  
EXTENDALL SCAFFOLDING, INC.

The undersigned, for the purpose of forming a corporation under the Florida Business Corporations Act, do hereby adopt the following articles of incorporation:

ARTICLE ONE  
NAME

The name of the corporation is Extendall Scaffolding, Inc.

ARTICLE TWO  
CORPORATE DURATION

The duration of the corporation is perpetual.

ARTICLE THREE  
PURPOSE OR PURPOSES

The general purposes for which the corporation is organized are:

1. To engage in the business of manufacturing.
2. To transact any other lawful business for which corporations may be incorporated under the Florida Business Corporations Act or engage in any other trade or business which can, in the opinion of the board of directors of the corporation, be advantageously carried on in connection with or auxiliary to the foregoing business.
3. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE FOUR  
CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is one hundred (100). Such shares shall be of a single class, and shall have a par value of one penny (\$.01) per share.

ARTICLE FIVE  
REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 465 Castle Road, Naples, Florida 33999, and the name of its initial registered agent at such address is Floyd G. Clinch.

ARTICLE SIX  
DIRECTORS

The number of directors constituting the initial board of directors of the corporation is one (1). The name and address of each person who is to serve as a member of the initial board of directors is:

NAME	ADDRESS
Maryann Clinch	465 Castle Road Naples, Florida 33999

ARTICLE SEVEN  
INCORPORATORS

The name and address of each incorporator is:

NAME	ADDRESS
Floyd G. Clinch	465 Castle Road Naples, Florida 33999
Maryann Clinch	465 Castle Road Naples, Florida 33999

ARTICLE EIGHT  
PRINCIPAL OFFICE

The address of the principal office of the corporation is:

465 Castle Road  
Naples, Florida 33999

and the mailing address of the corporation is:

465 Castle Road  
Naples, Florida 33999

Executed by the undersigned at Naples, Florida on May 15,  
1995.

Floyd G. Clinch  
Floyd G. Clinch

Maryann Clinch  
Maryann Clinch

To: The Department of State  
Tallahassee, Florida 32304

CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS  
WITHIN FLORIDA, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED

In compliance with Section 607.0501 of the Florida Business Corporations Act, the following is submitted:

Extendall Scaffolding, Inc., with its place of business at 465 Castle Road, City of Naples, State of Florida 33999, has named Floyd G. Clinch, located at 465 Castle Road, City of Naples, State of Florida 33999, as its agent to accept service of process within Florida.

Dated: May 15, 19 95 .

Floyd G. Clinch  
Floyd G. Clinch - Incorporator

Maryann Clinch  
Maryann Clinch - Incorporator

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.0505 of the Florida Business Corporations Act.

Dated: May 15, 19 95 .

Floyd G. Clinch  
Floyd G. Clinch

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000040796**

1. Corporation Name

**EXTENDALL SCAFFOLDING, INC.**

FILED

96 OCT -9 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business

465 CASTLE ROAD  
NAPLES FL 33960

Mailing Address

465 CASTLE ROAD  
NAPLES FL 33960

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/1995

5. FEI Number

45-05182835

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)

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)

City / State / Zip

D

CLINCH, MARYANN

465 CASTLE ROAD

NAPLES FL 33960

D

MOSES, JAMES BYRON

27503 TIERRA DEL SOL W

Bonita Springs FL 33923

400001973334-4  
-10/18/96--01006--012  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

CLINCH, FLOYD G  
465 CASTLE ROAD  
NAPLES FL 33960

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.

Signature of  
Registered Agent

*M. Floyd G. Clinch*  
REGISTERED AGENT MUST SIGN

Date 9/18/96

(See other side for information  
on intangible tax.)

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

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:

*M. Floyd G. Clinch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-18-96

Daytime Phone #

989-1352