

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 DEC 23 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000069843

1. Corporation Name

WALLCOVERING CONTRACTORS BY DAVID, INC.

Principal Place of Business

Mailing Address

6015 28TH STREET EAST  
SUITE B-3  
BRADENTON FL 34203

6015 20TH STREET EAST  
SUITE B-3  
BRADENTON FL 34203

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

2. New Principal Office Address, If Applicable  
6619 27TH AVE. DR.W.

3. New Mailing Office Address, If Applicable  
6619 27TH AVE. DR.W.

Suite, Apt. #, etc.  
BRADENTON, FL

Suite, Apt. #, etc.

City & State  
BRADENTON, FL

City & State  
BRADENTON, FL

Zip  
34209 Country  
MANATEE

Zip  
34209 Country  
MANATEE

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4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/1995

5. FEI Number

65-0618598

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
PRESIDENT	DAVID A. KOON	6619 27TH AVE. DR.W.	BRADENTON, FL 34209

000002039130--6  
-12/27/96--01048--002  
\*\*\*375.00 \*\*\*375.00

3612-23-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOON, DAVID  
6015 28TH STREET EAST  
SUITE B-3  
BRADENTON FL 34203

← NEW ADDRESS ABOVE

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

David A. Koon

REGISTERED AGENT MUST SIGN

Date 12/16/96

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Koon

12/16/96

Date

941-795-5511

Daytime Phone