

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 21 AM 10:06

DOCUMENT #

P95000084741

700-45R

1. Corporation Name

Remodeling Experts, Inc.

2. Principal Office Address

3500 N.W. 2nd Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Showroom 730

Suite, Apt. #, etc.

City & State

Boca Raton, Fla.

City & State

Zip

33431

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/95

5. FEL Number

65-0638900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800004752508--6

-01/07/02--01011--012

***300.00 ***300.00

7. Name and Address of Current Registered Agent

Name

Clement C. Winke, Jr.

Street Address (P.O. Box Number is Not Acceptable)

3500 N.W. 2nd Ave., Showroom 730

Suite, Apt. #, Etc.

City

Boca Raton,

State

FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Clement C. Winke, Jr.

REGISTERED AGENT MUST SIGN

Date

12-15-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, S, D	Clement C. Winke, Jr.	3500 N.W. 2nd Ave. Showroom 730	Boca Raton, Fla. 33431

10. 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:

Clement C. Winke, Jr., PRESIDENT

12-15-01

Date

561-368-5111

Daytime Phone #