

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 20 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # pa6000040430

1. Corporation Name

RANDOLPH WALL SYSTEMS

2. Principal Office Address

5318 MONTCLAIR PL.

Suite, Apt. #, etc.

3. Mailing Office Address

5318 MONTCLAIR PL.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34231

Country

SARASOTA

Zip

34231

Country

SARASOTA

**REINSTATEMENT 03-04**

600030709056  
03/18/04--01022--002 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

1996

5. FEI Number

65-0667248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

BETTY J. RANDOLPH

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

5318 MONTCLAIR PL.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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

Betty J. Randolph

REGISTERED AGENT MUST SIGN

Date 3-25-04

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
<u>PRES.</u>	<u>BETTY J. RANDOLPH</u>	<u>5318 MONTCLAIR PLACE</u>	<u>SARASOTA, FL. 34231</u>

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)(f), 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:

Betty Randolph BETTY RANDOLPH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04

Date

941-922-4988

Daytime Phone #

CF25081 (01/04)

3-15-04

To: Florida Dept. of State  
Divisions of Corporations

To whom it may concern:

I did not receive the 2003 filing form.

Thank you,

Betty Randolph

Randolph Wall Septens.

5318 Montclair Place

Sarasota, Fl. 34231