

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000050773

1. Corporation Name

REMODELING SERVICES INC

2. Principal Office Address

11062 S. Military Trail

Suite, Apt. #, etc.

#421

City & State

Boynton Beach, FL

Zip

33436

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/12/96

5. FEI Number

65-0677377

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Ivan Belossy

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

11062 S. Military Trail

Suite, Apt. #, Etc.

#421

City

Boynton Beach

State

FL

Zip Code

33436

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

Ivan Belossy - President

Date

10/30/03

REGISTERED AGENT MUST SIGN

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
Pres.	IVAN BeLussy	11062 S. MILITARY TRAIL #421	Boynton Beach, FL 33436

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)(j), 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:

Ivan Belossy IVAN BeLussy

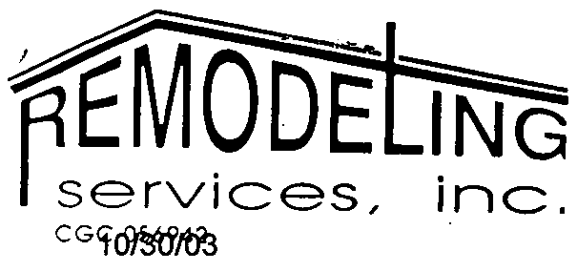
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03 561-732-8888

Date

Daytime Phone #

CR2E081 (10/02)



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

Dear Sir/Madam,

-I recently tried to renew my Workers Comp-exempt status and was told that my company was no longer in business.

In doing research, it seems that we never got a renewal packet from you for this year so my company was deemed inactive.

I called The Division of Corporations and was told to return this letter with the enclosed form and a check for \$ 150.00..

Please re activate my company in your records as we have been doing business and paying Florida and Federal taxes during this period. The address you have is correct, it just never came in the mail.

Thank you very much for your attention to this.


Ivan BeRossy