

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9700000257

1. Corporation Name

AMERICAN CLOSET SYSTEMS INC.
500 SEMINOLE BLVD UNIT A
LARGO FL. 33770

2. Principal Office Address

SAME

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

UNIT A

Suite, Apt. #, etc.

UNIT A.

City & State

LARGO FL.

City & State

LARGO.
FL.

Zip

33770

Country

USA

Zip

33770

Country

USA

300008682623

10/29/02--01155--003 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

JAN -6-1997

5. FEI Number

59-3419859

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

LAWRENCE A. FORD

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

500 SEMINOLE BLVD. UNIT A

Suite, Apt. #, Etc.

UNIT A

City

LARGO

State

FL

Zip Code

33770

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

Lawrence A. Ford PRES

Date 9-13-02

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	LAWRENCE A. FORD.	BUSINESS 500 SEMINOLE BLVD* A	LARGO FL. 33770
PRES.	LAWRENCE A FORD	HOME ADDRESS 10635 PARK BLAKE DR.	LARGO FL 33770

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.

LAWRENCE A. FORD

SIGNATURE:

Lawrence A. Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-02 (727) 5952300

Date

Daytime Phone #

CR2E081 (8/01)

jr 11/5/02