

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 16 AM 10:50

DOCUMENT # P97000011791

1. Corporation Name

Florida Sealing Services, Inc.

600158592206
07/16/09--01043--012 **1050.00

KS

REINSTATEMENT 07-09
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

127 3rd Street

3. Mailing Office Address

127 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, Fl.

City & State

Bonita Springs, Fl.

Zip

34134

Country

USA

Zip

34134

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0738948

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name John J. McCrohan

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

127 3rd Street

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

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

John J. McCrohan

REGISTERED AGENT MUST SIGN

Date 7-14-09

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.	John J. McCrohan	127 3 rd Street	Bonita Springs, Fl

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 contained in Chapter 119, 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:

John J. McCrohan
John J. McCrohan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-09 (239) 340-9008

Date

Daytime Phone #