

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000011791

1. Corporation Name

Florida Sealing Services, Inc.

REINSTATEMENT 98-03
600016388376
04/21/03--01006--013 **1508.75

2. Principal Office Address

127 3rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. box 353

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

City & State

Bonita Springs, Florida

Zip

34134

Country

U.S.A.

Zip

34133

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01-21-97

5. FEI Number

650738948

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

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

REGISTERED AGENT MUST SIGN

Date 04 - 17 - 03

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/V/D	John J. McCrohan	127 3rd Street	Bonita Springs, Florida 34134

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:

John J. McCrohan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-03

Date

(239) 947-6262

Daytime Phone #

CR2E081 (10/02)

21 4/23