

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 03 2000 8:00 am
Secretary of State

DOCUMENT # P970000031913

1. Corporation Name
Insulate Building Systems, Inc.

Principal Place of Business
1000 Carroll Street
Clermont, FL 34711

Mailing Address
PO Box 120158
Clermont, FL 34712

[Handwritten signature]

REINSTATEMENT 1999

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>Same as above</u>		3. New Mailing Office Address, If Applicable <u>Same as above</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>4-7-1997</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-3450956</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75-Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Lawson L. Wolfe	1000 Carroll St.	Clermont, FL 34712
Sec/Treas	Lawson L. Wolfe	1000 Carroll St.	Clermont, FL 34712

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****758.75 ****758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <u>Lawson L. Wolfe</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>1000 Carroll Street</u>	
		Suite, Apt. #, Etc.	
		City <u>Clermont</u>	State <u>FL</u>
		Zip Code <u>34712</u>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date 12/29/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 *[Signature]* Lawson L. Wolfe Date 12/29/99 (352) 394 2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

C-32E081 (1/2/96)