

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000010747

1. Corporation Name

INSTALLATIONS OF SARASOTA, INC.

Principal Place of Business

Mailing Address

~~3001 SAWYER ROAD~~  
~~SARASOTA FL 34233~~  
~~US~~

4411 BEE RIDGE ROAD  
#301  
SARASOTA FL 34233  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/02/1998

5. FEI Number

65-0810820

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	DUBE, RICHARD	7848 SADDLE CREEK LANE	SARASOTA FL 34241
VPSD	DUBE, JANET	7848 SADDLE CREEK LANE	SARASOTA FL 34241

600003469686--8  
-11/20/00--01021--009  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUBE, RICHARD

~~7848 SADDLE CREEK LANE~~ TRAIL  
SARASOTA FL 34241

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10-26-00

11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V-PAES

Date

10-26-00

Daytime Phone #

941-342-6656  
KE