

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUL 29 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

998 000036100
Dowling Aluminum Contractors Inc.

2. Principal Office Address

3423 S. Fairway Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

3423 S. Fairway Terrace

Suite, Apt. #, etc.

City & State

Inverness, FL.

City & State

Inverness, FL.

Zip

34450

Country

U.S.

Zip

34450

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

4/20/98

5. FEI Number

59-3510410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 99-02

7. Name and Address of Current Registered Agent

Name

James Lonnie Dowling

500006845435-9

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

3423 S. Fairway Terrace

06/01/02-01013-016

*****600.00 ****600.00*

Suite, Apt. #, Etc.

City

Inverness

State

FL

Zip Code

34450

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

Date

7-26-02

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
<i>P</i>	<i>James L. Dowling</i>	<i>3423 S. Fairway Terrace</i>	<i>Inverness, FL 34450</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-26-02

Daytime Phone #

352-344-4691

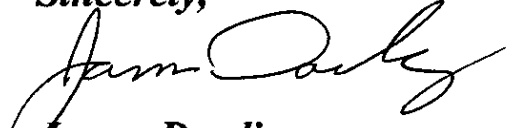
7/30/02

ATTN: CORPORATION REINSTATEMENT DEPARTMENT

To whom it may concern,

I am writing this letter per my conversation with you on July 1st. The conversation was in regards to my reinstatement fees. This was something unfortunately that I was not aware of, I was not aware of the annual fee of \$150.00 that was due, all the paper work that was sent to me was sent an incorrect address. The mail was sent to 19103 NW County. Rd. 18a, High Springs, Fl. It was stated in your records that the mail was returned, in 1998. I owe annual fees for 1999, 2000, 2001, and 2002. Please accept this enclosed payment of \$600.00 to get the Dowling Aluminum Contractors Inc. reinstated. I apologize for any inconvenience or hold ups. Thank you for your time.

Sincerely,


James Dowling