

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUN 10 PM 3:07

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046842

1. Corporation Name

J.D.W. SOFFIT & SIDING, Inc.

2. Principal Office Address

814 BRITANY LAKES LN

Suite, Apt. #, etc.

#912

City & State

ORLANDO, FL

Zip

32828

Country

USA

3. Mailing Office Address

814 BRITANY LAKES LN.

Suite, Apt. #, etc.

#912

City & State

ORLANDO, FL

Zip

32828

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3516655

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

KIMBERLY C BRUNSON

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

814 BRITANY LAKES LN. #912

Suite, Apt. #, Etc.

City

ORLANDO

500056026985  
06/10/05--01048--004 \*\*500 00

500056026985  
06/10/05--01048--003 \*\*500 00

500056026985  
06/10/05--01048--005 \*\*500 00

State

FL

Zip Code

32828

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

*Kimberly C Brunson*  
REGISTERED AGENT MUST SIGN

Date

5/31/05

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	LEA M. BRUNSON	814 BRITANY LAKES LN APT 912	ORLANDO, FL 32828
VP	KIMBERLY C BRUNSON	814 BRITANY LAKES LN APT 912	ORLANDO, FL 32828

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: *Kimberly C Brunson* KIMBERLY C BRUNSON 5/31/05 407-463-8097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)