

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000052747**

1. Corporation Name

STUD'S FRAMING, INC.

Principal Place of Business

Mailing Address

**4502 BEACON DRIVE
SARASOTA FL 34232**

**4502 BEACON DRIVE
SARASOTA FL 34232**

FILED

02 FEB 27 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.



0402 JBR

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0906143

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	LAPP, DOUGLAS	4502 BEACON DRIVE	SARASOTA FL 34232

400005257214--2

04/12/02 01048 017

*****300.00 ***300.00**

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LAPP, DOUGLAS
4502 BEACON DRIVE
SARASOTA FL 34232**

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

Douglas Lapp

REGISTERED AGENT MUST SIGN

Date

2/22/02

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

SIGNATURE:

Douglas Lapp
DOUGLAS LAPP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02

Date

941-374-3156

Daytime Phone #

CR20040 (8/01)

2012

Douglas L. Lapp

4502 Beacon Drive
Sarasota, FL 34232
(941)342-6059
Cell: (941)374-3156

August 3, 2001

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Stud's Framing, Inc.
Fed. I.D.# 65-0906143

Dear Sir or Madam:

Enclosed please find the Uniform Business Report for the above-referenced corporation and a check in the amount of \$150.00 which amount reflects the fee for the annual corporate filing.

This notification was the first notification I received to file a Uniform Business Report. Had I received a notice during the time this was originally due it would have been paid. I have spoken to other business owners in the area and they too did not receive notice of filing and were shocked as I was and believed that the annual filing fees had increased to \$550.00. I called the Division of Corporations and learned that there is a \$400.00 penalty. I was directed to mail in original amount of \$150.00 together with a letter and that it would be reviewed and possibly waived.

Please contact me at the above number and address should you have any questions.

Thank you.

Sincerely,

Douglas L. Lapp

DLL:gmm
Enclosure

TALK AGAIN 2/6/02 BY: YFISHER