

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB 26 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000066091**

1. Corporation Name

**Building Systems International  
of Orlando, Inc.**

2. Principal Office Address

**87 W. Michigan St**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

Zip

**32806**

Country

**USA**

3. Mailing Office Address

**3312 Monteen Drive**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

Zip

**32806**

Country

**USA**

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

**July 28, 1998**

5. FEI Number

**59-3525261**

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

**Brian Johnson**

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

**3312 Monteen Drive**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32806**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**2/8/01**

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
P/V	Brian Johnson	3312 Monteen Drive	Orlando, FL 32806
S,	Dianna Morris	3312 Monteen Drive	Orlando, FL 32806

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dianna M. Morris**

Date

**2/8/01**

Daytime Phone #

**(407) 423-4192**

CR2E081 (9/00)