

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000077297

1. Corporation Name

A-1 PLUS INSULATION, INC.

Principal Place of Business

10710 NW 53RD ST  
SUNRISE FL 33351

Mailing Address

10710 NW 53RD ST  
SUNRISE FL 33351

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

REINSTATEMENT 2003

FILED

03 NOV 25 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2003

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/1998

5. FEI Number

65-0872136

Applied For

Not Applicable

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
PD	<del>COSTANZO, CHARLES JR</del> Costanzo, Donna	<del>10871 PALM RIDGE LN</del> 9310 NW 43rd Manor	<del>TAMARAC FL 33321</del> Sunrise, FL 33351
VD	<del>SCHROEDER, DAVID</del> Costanzo, Charles	<del>7410 PARKSIDE LANE</del> 9310 NW 43rd Manor	<del>MARGATE FL 33063</del> Sunrise, FL 33351
D	COSTANZO, DONNA	10871 PALM RIDGE LN 9310 NW 43rd Manor	TAMARAC FL 33321 Sunrise, FL 33351
			000025046860 11/25/03--01059--020 **750.00

8. Name and Address of Current Registered Agent

LYNCH, ROSEANNE N  
2 S: UNIVERSITY DR., STE. 200  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Donna Costanzo

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

9310 NW 43rd Manor

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Donna Costanzo*

REGISTERED AGENT MUST SIGN

Date

11/20/03

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:

*Donna Costanzo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03  
Date

954-578-3097  
Daytime Phone #

CR2E040 (7/03)