PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 NOV -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000096946**

1. Corporation Name

POLY VINYL CONCEPTS, INC.

Principal Place of Business	Mailing Address
~~9207 EDEN AVENUE~~ 20 Longview Cir ~~HUDSON FL 34667~~ Alabaster, AL 35007	~~9207 EDEN AVENUE~~ 20 Longview Cir ~~HUDSON FL 34667~~ Alabaster, AL 35007

REINSTATEMENT (80)

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
20 Longview Circle	20 Longview Circle
Suite, Apt. #, etc. Alabaster, AL	Suite, Apt. #, etc. Alabaster, AL
City & State	City & State
Zip 35007 Country USA	Zip 35007 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/13/1998

5. FEI Number: 59-3537034 ☐ 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	ANKELMAN, PATRICK	~~5100 SOUTH SHORE DRIVE~~ 8158 Bay Shore Drive	~~NEW PORT RICHEY FL 34652~~ Seminole, FL 33776
VPD	GAVAGHAN, JOHN	8158 BAY SHORE DRIVE	SEMINOLE FL 33776
T	GAVAGHAN, VIRGINIA	8158 BAY SHORE DRIVE	SEMINOLE FL 33776
S	ANKELMAN, LYNELLA	~~5100 SOUTH SHORE DRIVE~~ 20 Longview Circle	~~NEW PORT RICHEY FL 34652~~ Alabaster, AL 35007
			200003473242--8
			-11/21/00--01101--003
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

ANKELMAN, PATRICK
~~9207 EDEN AVENUE~~
~~HUDSON FL 34667~~

9. Name and Address of New Registered Agent

Name: Patrick S. Ankelman
Street Address (P.O. Box Number is Not Acceptable): 8158 Bay Shore Drive
Suite, Apt. #, Etc.:
City: Seminole, FL 33776
State: FL Zip Code: 33776

CR2E040 (8/00)

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: P Ankelman Date: 10-20-00
REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: LynElla M. Ankelman 10-20-00 (205)664-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LynElla M. Ankelman

0096663 AF