

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 24 PM 4: 19

DOCUMENT # P98000106592

1. Corporation Name

National Installations & Services, Inc.

2. Principal Office Address

440 Clarendon Ave.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Zip
32789

Country
usa

Zip

Country

REINSTATEMENT 99-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida Dec., 1998

5. FEI Number
59-3547665

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

Dewey D. Ramsby

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

601 N. Fern Creek Ave.

Suite, Apt. #, Etc.

210

City

Orlando

State
FL

Zip Code
32803

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

Dewey D. Ramsby
REGISTERED AGENT MUST SIGN

Date 2/9/06

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	Charles A. Hardrick	440 Clarendon Ave.	Winter Park, FL 32789
VP	Doris Hardrick	440 Clarendon Ave.	Winter Park, FL 32789

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 contained in Chapter 119, 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:

Charles A. Hardrick
Charles A. Hardrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-06

Date

407/622-4750

Daytime Phone #

7/2800