

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

06 SEP 18 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000107212

1. Corporation Name

THE BEAUX-ARTS INSTALLATION GROUP, INC.

~~006-35958~~

2. Principal Office Address

8408 Benjamin Road

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

USA

3. Mailing Office Address

8408 Benjamin Road

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

USA

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1998

5. FEI Number

59-3547716

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

Ralph P. Mangione

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

201 N. Franklin Street

Suite, Apt. #, Etc.

One Tampa City Center Suite 3200

City

Tampa

State

FL

Zip Code

33602

000080005980
09/20/06--01057--017 **150.00

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

Ralph P. Mangione

Date

9.12.06

REGISTERED AGENT MUST SIGN

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
PD	William F. Everett	8408 Benjamin Road	Tampa, FL 33634
V	Anne B. Adams	8408 Benjamin Road	Tampa, FL 33634
STD	Susan L. McKay	8408 Benjamin Road	Tampa, FL 33634

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:

William F. Everett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/06

Date

813-880-8686

Daytime Phone #