

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG -2 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

899 000024403

1. Corporation Name

Central A walls & ceilings

Fax 407 352 8174

2. Principal Office Address

P O Box 690595

Suite, Apt. #, etc.

Orlando FL

City & State

Orlando FL

Zip

32869

Country

USA

3. Mailing Office Address

P O Box 690595

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32869

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-10-99

5. FEI Number

593 58 3272

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

James Martin

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

6311 Westgate Dr

Suite, Apt. #, Etc.

Orlando

City

Orlando FL

000007077370-0

-08/13/02--01055--002

****310.00 ****308.75

State

FL

Zip Code

32869

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

James Martin

REGISTERED AGENT MUST SIGN

Date 7-23-02

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
President	James Martin	5787 Windward Dr Orlando FL	Orlando FL 32819
Dir			

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:

James Martin James Martin

Date

7-23-02

Daytime Phone #

407 948 4796

CR2E081 (9/01)

To Reinstatement section

I James Martin Owner of Central
Fl. walls & ceiling was not aware of
a Corporation fee every year I thought it
was a 1 time thing but now I know
and I talk to Reinstatement section and they
said to write a Letter & Let ya know
I am sending 2001-2002 ~~corp~~ Corporate Fees

Thank you

James Martin
Central Fl wall & Ceiling