

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 18 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000026910

**1. Corporation Name**

West Orange Siding & Trim, Inc.

**2. Principal Office Address**

306 Ocoee Apopka Rd

Suite, Apt. #, etc.

Ste #5

City & State

Ocoee, FL

Zip

34761

Country

U.S

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3-18-1999

**5. FEI Number**

59-3557237

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

David H. Kicklighter

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

306 Ocoee Apopka Rd

Suite, Apt. #, Etc.

Ste #5

City

Ocoee

State

FL

Zip Code

34761

**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

*[Signature]*

Date 3-10-03

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	David H. Kicklighter	306 Ocoee Apopka Rd Ste #5	Ocoee, FL 34761
STD	Lisa M. Kicklighter	306 Ocoee Apopka Rd. Ste #5	Ocoee, FL 34761

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

Date

321-689-7534

Daytime Phone #



306 OCOEE APOPKA ROAD, SUITE 5, OCOEE, FL 34761-2105  
PHONE: (407) 656-5400 / 1-888-365-3275 • FAX (407) 656-1199

March 7, 2003

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: West Orange Siding & Trim, Inc.  
Doc# P99000026910

To Whom It May Concern:

As per our conversation today, please find enclosed the reinstatement application for the above identified Corporation.

We are asking that you please reinstate and waive the penalty on West Orange Siding & Trim since the information that you originally requested was provided to you as per the information provided by the attached copies.

Also, per our conversation you stated that we need to send the 2003 fee for \$150.00 to you along with this other information.

Please correct your records and reinstate as soon as possible.

Sincerely,

Wendy Byrd  
Accountant