

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000045133

1. Corporation Name

SPECIALTY MAT SERVICE, INC.

Principal Place of Business

Mailing Address

3725 US ALTERNATE 19 NORTH, UNIT C  
PALM HARBOR FL 34683

3725 US ALTERNATE 19 NORTH, UNIT C  
PALM HARBOR FL 34683



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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3576727

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BRENNAN, WILLIAM	3725 US ALTERNATE 19 NORTH, UNIT	PALM HARBOR FL 34683

500023969715  
10/21/03--01050--029 \*\*150.00

10/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRENNAN, WILLIAM  
3712 DESOTO BLVD  
PALM HARBOR FL 34683

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-03

727-515-9655

CR2E040 (7/03)

DEPARTMENT OF STATE

10-16-03

I HAVE ENCLOSED A CHECK FOR \$150.00  
DUE TO THIS IS THE FIRST APPLICATION  
I RECEIVED FOR 2003. PLEASE CHECK AND  
~~SEE~~ PREVIOUS YEARS WERE PAID ON  
TIME. I WILL MAKE A NOTE IN NEXT  
YEARS RECORDS TO ENSURE I SEND PAYMENT  
ON TIME. ALSO MY MAIL SERVICE IN  
THIS LOCATION IS NOT RELIABLE. PLEASE  
NOT P.O. BOX.

THANKS,

Will S. Brennan

WM BRENNAN

SPECIALTY MAT SERVICE

P.O. BOX 211

OLDSMAR FL. 34677