

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT

Amended



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000052147

1. Corporation Name

Statewide Seal Technicians Inc.

2. Principal Office Address

2175 Kingsley Ave.

Suite, Apt. #, etc.

Unit 109

City & State

Orange Park, Fl. 32073

Zip

32073

Country

Clay

3. Mailing Office Address

2175 Kingsley Ave.

Suite, Apt. #, etc.

Unit 109

City & State

Orange Park, Fl.

Zip

32073

Country

Clay

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

5. FEI Number

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

Patricia A. Clay

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

2175 Kingsley Ave.

Suite, Apt. #, Etc.

Unit 109

City

Orange Park

State

FL

Zip Code

32073

000003784100-4

-02/27/01-01150-006

*****61.25 *****61.25

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

Patricia A. Clay

REGISTERED AGENT MUST SIGN

Date 2/12/01

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
Pres	Patricia A. Clay	2175 Kingsley Ave. Unit 109	Orange Park, Fl. 32073

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:

Patricia A. Clay **PATRICIA A. CLAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01
Date

904-608-2645
Daytime Phone #

CR2E081 (9/00)