

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Catherine H. Hanft
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -6 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000055137**

1. Corporation Name

W.T. FRAMING, INC.

Principal Place of Business

823 MASON AVE.
APOPKA FL 32703

Mailing Address

823 MASON AVE.
APOPKA FL 32703

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1999

5. FEI Number

59-3575514

Applied For

Not Applicable

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
D	HOPKINS, WILLIAM L	823 MASON AVE.	APOPKA FL 32703
D	HOPKINS, TRACY R	823 MASON AVE.	APOPKA FL 32703

000003478000--6
-11/28/00--01101--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

HOPKINS, WILLIAM L
823 MASON AVE.
APOPKA FL 32703

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

Date

Daytime Phone #

10/31/00 407-8962

CR2E040 (8/00)



Better Business Services, Inc.

Bookkeeping • Payroll Processing • Income Tax Preparation

October 31, 2000

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314-6327

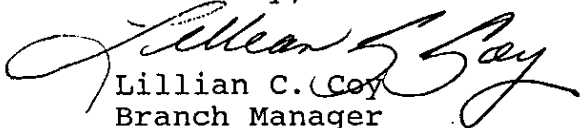
Re W. T. Framing, Inc.

This is in regard to W. T. Framing, Inc. and his reinstatement. The directors say that they never received the first annual report and are asking that they be reinstated for the \$150.

They will not be able to stay in business at this time if they would have to pay the \$750, because they are having financial problems.

Anything that might be done to help them, would be greatly appreciated.

Sincerely,


Lillian C. Coy
Branch Manager