

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL 25 PM 3:32

DOCUMENT # P99000059019

1. Corporation Name

C + J Vinyl Siding + Aluminum work, inc.

2. Principal Office Address

lot 6 majestic oaks

3. Mailing Office Address

P.O. Box 1363

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Old Town, Florida

City & State

Chiefland, Florida

Zip

32680

Country

USA

Zip

32644

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 30, 1999

5. FEI Number

59 358 5162

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

Clyde Leffingwell

200004510962-4

-08/01/01--01035--021

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

lot 6 majestic oaks

****300.00

****300.00

Suite, Apt. #, Etc.

City

Old Town, Florida

State

FL

Zip Code

32680

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

Date 07-19-01

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
P D	Clyde Leffingwell	lot 6 majestic oaks Old Town, FL 32680	Old Town, FL 32680
S/T	Jackie Combs	lot 6 majestic oaks	Old Town, FL 32680

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clyde Leffingwell 07-19-01

Date

352-542-8762

Daytime Phone #

CR2E081 (9/00)

Jackie Combs

P.O. Box 1363 ~ Chiefland, FL 32844
Home Phone 352-542-8762

July 19, 2001

Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This is the first time I have ever dealt with corporations and when I found out that you were suppose to renew annually I called your department and spoke with Suzanne on 07-13-01 and found out the reason I had never gotten the renewal was because you did not have the proper mailing address for us. The attorney we paid to set up the corporation had sent me a letter in 1999 saying they had sent in the correction and also sent me a copy of that form (copies of the revised form and letter are enclosed), but your records do not show it. So I spoke to a gentleman in your office and he said to mail this reinstatement form, a check for \$300 (enclosed), and would you please waive the late fees? Thank you to everyone for their help!

Sincerely,

Jackie Combs

Jackie Combs

Enc.: 4

Account ID: P 99000059019