

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 16 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PP96000085028**

1. Corporation Name

FLORIDA SIDING, INC.

200003748342--5

02/23/01--01007--003

*******8.75 *****8.75**

200003748342--5

02/23/01--01007--004

*******900.00 *****900.00**

REINSTATEMENT

00-01

2. Principal Office Address

636 14th Ave South

Suite, Apt. #, etc.

3. Mailing Office Address

636 14th Ave So

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

USA

Zip

34102

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/27/99

5. FEI Number

59-3599668

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

Ruth Macellari

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

636 14th Ave So.

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code

34102

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

Ruth Macellari

Date

2/14/01

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/T	Domenic Macellari	636 14th Ave So.	Naples, FL 34102
V/S	Ruth Macellari	636 14th Ave So.	Naples, FL 34102
			LS

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:

Ruth Macellari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01 (941) 434-7673

Date

Daytime Phone #

CR2E081 (9/00)