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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 18 PM 4:14

DOCUMENT # P99000085028

1. Corporation Name

Florida Siding, Inc.

2. Principal Office Address

1962 14th Ave

Suite, Apt. #, etc.

City & State

Vero Beach, FI

Zip

32960

Country

USA

3. Mailing Office Address

1962 14th Ave

Suite, Apt. #, etc.

City & State

Vero Beach, FI

Zip

32960

Country

USA

REINSTATEMENT 0203

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) 1962 14th Ave

Suite, Apt. #, Etc.

City Vero Beach

09/18/03--01034--008 \*\*15.50

400023167494

09/18/03--01034--008 \*\*15.50

State FL

Zip Code 32960

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

REGISTERED AGENT MUST SIGN

Date 9/16/03

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	1962 14th Ave	Vero Beach, FI 32960
V/S	Ruth Macellari	1962 14th Ave	Vero Beach, Florida 32960

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*

*Ruth Macellari*

9/16/03

772-257-0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

9/24/03

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### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Siding, Inc

2. The principal office address: 1962 14th Ave, Vero Beach, Florida 32960

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/27/99 Document number: P99000085028

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ruth Macellari  
636 14th Ave So  
Naples, FI 34102

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ruth Macellari  
1962 14th Ave  
(P.O. Box or personal mailbox NOT acceptable)  
Vero Beach, Florida 32960

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ruth Macellari  
(Signature of an officer, chairman or vice chairman of the board)

Domenic Macellari, President/treasurer  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Ruth Macellari  
(Signature of Registered Agent)

9/16/03  
(Date)

If signing on behalf of an entity:

Ruth Macellari  
(Typed or Printed Name)

Registered Agent  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

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**Florida Siding, Inc**  
**1962 14<sup>th</sup> Ave**  
**Vero Beach, FL 32960**

September 16, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs/Madam,

Enclosed please find a change of address form transmittal letter and a reinstatement form. After conducting an in house audit of our corporate records with the State of Florida records over the internet, we discovered that a change of address was not showing recorded with the state and our corporate status is inactive. A change of address form was sent in May 2001 to change the address from Naples, Florida to Vero Beach, Florida.

The inactive status was due to us not receiving a notice to pay for Annual fees. Due to the company paying an reinstatement fee in 2001 we ask if you could please waive another reinstatement fee. I am enclosing a check in the amount of \$157.50 for the \$35.00 change of address form and \$122.50 for 2002 and 2003 annual fees.

If you have any questions please don't hesitate to call me at 772-257-0052. Thank you for your consideration in this matter.

Sincerely,

*Ruth Macellari*

Ruth Macellari  
Vice President