

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 17 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/17/04--01066--001 \*\*TOSB.75

DOCUMENT # P99000095699

1. Corporation Name

AWNING CARE PLUS, INC.

2. Principal Office Address

7816 Southside Blvd.

Suite, Apt. #, etc.

# 121

City & State

JACKSONVILLE, FL

Zip

32256

Country

DUVAL

3. Mailing Office Address

P.O. Box 17865

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32245

Country

DUVAL

REINSTATEMENT 02-04

4. Date Incorporated or Qualified  
To Do Business in Florida

11-01-1999

5. FEI Number

59-360-5984

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

CHRIS R. HOBDAY

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

7816 Southside Blvd.

Suite, Apt. #, Etc.

# 121

City

JACKSONVILLE

State  
FL

Zip Code

32256

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

5/12/04

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.	CHRIS HOBDAY	7816 Southside Blvd. #121 JACKSONVILLE FL 32256	SAX FL 32256

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)(j), 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

Date

5/12/04

Daytime Phone #

9049629291