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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

01ABR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 17 PM 4:00

DOCUMENT # P99000101812

1. Corporation Name
TRUE SEAL INSTALLATION INC.

2. Principal Office Address	3. Mailing Office Address
3111 AERIAL Ct.	3111 AERIAL Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAND O'LAKES FL.	City & State: LAND O'LAKES FL.
Zip: 34639 Country: PASCO	Zip: 34639 Country: PASCO

000004758470--1
-01/08/02--01027--001
****150.00 ****150.00

4. Date Incorporated or Qualified To Do Business in Florida: 01-01-00

5. FEI Number: 59-3609960 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JASON Hidy
Street Address (P.O. Box Number is Not Acceptable): 3111 AERIAL CRT
Suite, Apt. #, Etc.:
City: LAND O'LAKES State: FL Zip Code: 34639

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: Jason Hidy Date: 12-15-01
REGISTERED AGENT MUST SIGN

CR2E081 (8/00)

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.D.	JASON Hidy	3111 AERIAL Ct.	LAND O'LAKES FL 34639
SVD	RAYMOND Jimenez	3800 Foggy Ridge Pkw	LAND O'LAKES FL 34639
			AD

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: Jason Hidy JASON Hidy 12/14/01 (813)368-8392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

December 14, 2001

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

To Whom It May Concern:

True Seal Installation is submitting this letter to have the $750.00 fee waved. The information forwarded from you was sent to the wrong address.

Please make the necessary adjustments from the application submitted to your records.

I am also sending a check for $150.00, which is the cost for the reinstatement.

Please don't hesitate to call with any questions, 813-368-8392.

Thank you,

Jason Hidy
President
3111 Aernal Court
Land O' Lakes Fl, 34639