

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

18 mo

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 26 PM 3:57

DOCUMENT # **F97000001966**

1. Corporation Name

**INDUSTRIAL DOOR CONTRACTORS, INC.**

Principal Place of Business

Mailing Address

820 MAYBERRY SPRINGS RD.  
COLUMBIA TN 38401

820 MAYBERRY SPRINGS RD.  
COLUMBIA TN 38401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/15/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-1168011

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75. Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DILLIARD, JAMES W	820 MAYBERRY SPRINGS RD.	COLUMBIA TN 38401
V	CAMPBELL, HURLEY M	820 MAYBERRY SPRINGS RD.	COLUMBIA TN 38401
V	TALBOT, TIMOTHY D	820 MAYBERRY SPRINGS RD.	COLUMBIA TN 38401
ST	DILLARD, JAMES W J	820 MAYBERRY SPRINGS RD.	COLUMBIA TN 38401

800004765208--8  
-01/10/02--01065--007  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
PETER F. SOUZA  
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/21/01

11. 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 REQUIRED**  
James W. Dillard President

Date

Daytime Phone #

CR2E040 (8/01)