

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

02 MAR 25 PM 4:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **850412**

1. Corporation Name
LESCO RESTORATIONS, INC.

Principal Place of Business Mailing Address
 1341 NAZARETH CHURCH RD SPARTANBURG SC 29301
 1341 NAZARETH CHURCH RD SPARTANBURG SC 29301



REINSTATEMENT 2001-2002

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		Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/18/1981	
City & State		City & State		5. FEI Number	
Zip		Country		57-0787175	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	CHAPMAN, TOBY G.	405 MASTERS POINT	DUNCAN SC
VP	LAURO, PASQUALE J	2529 WILCOX CIRCLE	DENVER NC 28037
ST	KLECKLEY, WILLIAM	7 AUTUMN VIEW RIDGE	TRAVELERS REST SC 29690

400005273474--2
 -04/16/02--01001--017
 *****908.75 *****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORP. SYSTEM 1200 SOUTHPINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: Barbara A. Burke **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN Date: 3/20

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 19 MAR 02 864-208-2207
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (801)