

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



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Date Incorporated or Qualified  
To Do Business in Florida

09/18/1981

5. FEI Number

57-0787175

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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

*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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Mar 02 864-208-2207

Date

Daytime Phone #

CR20040 (801)