

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

99 OCT -4 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 729291

1. Corporation Name  
ROOFERS LOCAL 77, INC.

Principal Office of Business Mailing Address  
3057 West Broward Blvd. Same Address  
Fort Lauderdale, FL 33312

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

2. New Principal Office Address, if Applicable  
1003 Belvedere Road  
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable  
1003 Belvedere Road  
Suite, Apt. #, etc.

4. Date incorporated or Qualified To Do Business in Florida  
April 5, 1974

City & State  
West Palm Beach, FL

City & State  
West Palm Beach, FL

5. FEI Number  
59-0670535

Zip Country  
33405 U.S.A.

Zip Country  
33405 U.S.A.

6. CERTIFICATE OF STATUS DESIRED  SR 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	Patrick Harrington	1003 Belvedere Road	West Palm Beach, FL 33405

500003019206-0  
-10/20/99-01029-010  
\*\*\*\*245.00 \*\*\*\*245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Sallie Richardville  
3057 West Broward Boulevard  
Fort Lauderdale, FL 33312

Name Robert A. Sugarman  
Street Address (P.O. Box Number is Not Acceptable)  
2801 Ponce De Leon Boulevard  
Suite, Apt. #, Etc.  
Suite 750  
City Coral Gables State FL Zip Code 33134

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 *Robert A. Sugarman*  
REGISTERED AGENT MUST SIGN

Date 9-29-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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)(c), 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: *Patrick Harrington* *Patrick Harrington* 9-30-99 561-932-8299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1877-467-6637  
cell # 1561-6351448

REINSTATEMENT '99