

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 SEP 10 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FB9070**

1. Corporation Name

DALE TADLOCK ROOFING, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
6621 PROCTOR ROAD
Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL
Zip
32308

3. New Mailing Office Address, If Applicable
1560 CAPITAL CIR NW
Suite, Apt. #, etc.
SUITE 3
City & State
TALLAHASSEE, FL
Zip
32303

City & State
TALLAHASSEE, FL
Zip
32303

REINSTATEMENT 86-990

4. Date Incorporated or Qualified To Do Business in Florida

07/01/82

5. FEI Number
59-2199004

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)

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
DIR PRES	DALE K. TADLOCK	6621 PROCTOR ROAD	TALLAHASSEE, FL 32308

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
DALE K. TADLOCK
Street Address (P.O. Box Number is Not Acceptable)
6621 PROCTOR ROAD
Suite, Apt. #, Etc.
City
TALLAHASSEE
State
FL
Zip Code
32308

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
Dale K. Tadlock
REGISTERED AGENT MUST SIGN

Date **9-7-99**

11. This corporation owes 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)(f), 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: *Dale K. Tadlock* **DALE K. TADLOCK** **9-7-99** **850-599-5444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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