

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *ky 1*

APPLICATION FOR REINSTATEMENT
98 AR
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 25 PM 3:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000001911**

1. Corporation Name

ADVANCED COMMERCIAL ROOFING SYSTEMS, INC.

Principal Place of Business

Mailing Address

701 E. KOHLMETZ
 P.O. BOX 9
 MUNCIE IN 47308

701 E. KOHLMETZ
 P.O. BOX 9
 MUNCIE IN 47308

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

1924 N. ELM ST

1924 N ELM ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 9

PO Box 9

City & State

City & State

MUNCIE, IN

MUNCIE, IN

Zip

Zip

47303

47308

Country

Country

United States

United States

4. Date Incorporated or Qualified To Do Business in Florida

04/14/1997

5. FEI Number

35-1602321

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
CP	JACKSON, JOSEPH E JR.	3505 N. OAKWOOD 4221 W. LINE WAY	MUNCIE IN 47304
CV	JACKSON, JOSEPH W	4309 N. OAKWOOD	MUNCIE IN 47304
DST	JACKSON, BEVERLY L	3505 N. OAKWOOD 4221 W. LINE WAY	MUNCIE IN 47304
			100002703771--1.
			-12/04/98--01104--017
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRATT, TINA
 4947 SEABOARD CT.
 JACKSONVILLE FL 32210

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

Tina Pratt
SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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)(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:

Tina Pratt
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-98
 Date

765-288-8881
 Daytime Phone #

CE22ED40 (8/98)

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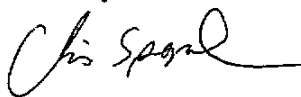
November 16, 1998

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

I am writing regarding the application for reinstatement for Advanced Commercial Roofing Systems, Inc. This was our first year for filing and did not receive any forms to fill out. I was told by the Department of State the \$600.00 reinstatement fee will be waived. If you have any questions please call Chris at (765)-288-881.

Sincerely,



Chris Spegal,
Accounting Manager