

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 MAR -8 PM 3:45

DOCUMENT # **H27963**

1. Corporation Name  
**MARION/SERVICE ROOFING AND AIR CONDITIONING COMP ANY**

Principal Place of Business	Mailing Address
1011 SW 33RD AVE STE-200 OCALA FL 34474	1011 SW 33RD AVE STE-200 OCALA FL 34474



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite/Apt. #, etc.		Suite, Apt. #, etc.		10/30/1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-2462556	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
CSD	ESBENSHADE, HARRY H. I	4403 3RD AVE	VIENNA VA WV 26105
<del>TD</del> <del>T</del>	<del>GAIN, MICHAEL D.</del> KERN, TIMOTHY J.	<del>RT 1 BOX 50</del> 1203 GREENMONT CIRCLE	<del>CAIRO VA</del> VIENNA WV 26105
PD	SHANAHAN, TIMOTHY S.	1011 SW 33RD AVE STE-200	OCALA FL
			300005108603--8
			03/14/02-01064-036
			***900.00 ***900.00
			REINSTATEMENT
			2001-2002 75 3/12/02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHANAHAN, TIMOTHY S. 1011 SW 33RD AVE STE-200 OCALA FL 34474	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

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: **SIGNATURE REQUIRED** Date: 3/5/02  
 REGISTERED AGENT MUST SIGN

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** **TIMOTHY J. KERN** Date: 3/1/02 Daytime Phone #: 304-295-3311  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/01)