

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 OCT -2 PM 1:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **J08613**

1. Corporation Name
Cantonment Industrial Commercial Roofing, Inc.

Principal Place of Business Mailing Address
450 Neal Road P.O. Box 82
Cantonment, Fl. 32533 Cantonment, Fl. 32533
0082

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.		07/01/86	
City & State		City & State		5. FEI Number	
Zip		Country		59-2655293	
				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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Glennie M. Daniel	1320 Phalrose Lane	Cantonment, Fl. 32533

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REINSTATEMENT 90-97

G. Daniel
 10/2/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GLENNIE M DANIEL 1320 PHALROSE LANE CANTONMENT, FL 32533		Name GLENNIE M DANIEL Street Address (P.O. Box Number is Not Acceptable) 1320 PHALROSE LANE Suite, Apt. #, Etc. CANTONMENT State FL Zip Code 32533	

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: *Glennie M. Daniel* Date: 08-29-97
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Glennie M. Daniel* Date: 08-29-97 1-904-968-5561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (12/96)