

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **K97736**

1. Corporation Name

**PAUL BANGE ROOFING, INC.**

Principal Place of Business

Mailing Address

5801 MAYO STREET  
 HOLLYWOOD FL 33023  
 US

5801 MAYO STREET  
 HOLLYWOOD FL 33023  
 US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
P	BANGE, PAUL	5801 MAYO ST	HOLLYWOOD FL
V	BICKFORD, DONALD C	6314 LINCOLN ST.	HOLLYWOOD FL 33024
D	GODFREY, DAVID	5801 MAYO ST	HOLLYWOOD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BANGE, PAUL EDWARD**  
 5801 MAYO ST  
 HOLLYWOOD FL 33023

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

*Paul Bange*

REGISTERED AGENT MUST SIGN

Date **2/11/99**

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)(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:

*Paul Bange*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/99**  
 Date

Daytime Phone #

99 FEB 22 10 24 AM  
 DIVISION OF CORPORATIONS



**REINSTATEMENT** *08-99*

4. Date Incorporated or Qualified To Do Business in Florida

**06/23/1989**

5. FEI Number

**65-0124936**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required for a Certificate of Status**

CR2E040 (9/98)