

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**  
98 OCT -6 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L36692**

1. Corporation Name  
**A & A ROOFING COMPANY, INC.**

Principal Place of Business      Mailing Address  
**4168 SPRING PARK CIRCLE  
C/O JUANITA M. ANDREWS  
JACKSONVILLE FL 32207**      **4168 SPRING PARK CIRCLE  
C/O JUANITA M. ANDREWS  
JACKSONVILLE FL 32207**



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

2. New Principal Office Address, If Applicable <b>8819 SAN RAFAEL</b>		3. New Mailing Office Address, If Applicable <b>8819 SAN RAFAEL</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>12/15/1989</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2981797</b>	
City & State <b>JAX FL.</b>		City & State <b>JAX FL.</b>		Applied For Not Applicable	
Zip <b>32257</b>	Country	Zip <b>32257</b>	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 PSD	2 ANDREWS, KENNETH W.	3 <b>4168 SPRING PARK CIR. 8819 San Rae Rd</b>	4 JACKSONVILLE FL 32257
VT	ANDREWS, KENNETH W.	<b>4168 SPRING PARK CIRCLE 8819 San Rae Rd.</b>	JACKSONVILLE FL 32257
100002659761--6 -10/08/98--01098--007 ****900.00			
<b>REINSTATEMENT 97-98 15/10/97</b>			

8. Name and Address of Current Registered Agent <b>ANDREWS, KENNETH W. 4168 SPRING PARK CIRCLE JACKSONVILLE FL 32207</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8819 SAN RAFAEL</b> Suite, Apt. #, Etc. City <b>JAX</b> State <b>FL</b> Zip Code <b>32257</b>	
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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]* 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: *[Signature]* 7-7-98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)