

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P00000084820**

1. Corporation Name

**RESILIENT ROOFING, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

02 JAN 17 PM 3:25

Principal Place of Business

Mailing Address

~~2900 SWEET SPRINGS STREET~~  
 DELTONA FL 32738

~~2900 SWEET SPRINGS STREET~~  
 DELTONA FL 32738



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

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/05/2000

Suite, Apt. #, etc.  
**2799 Boulder Falls Ct**

Suite, Apt. #, etc.  
**522 S. Hunt Club Blvd**

5. FEI Number  
**59-3669602**

Applied For  
 Not Applicable

City & State  
**Apopka FL**

City & State  
**Apopka FL**

Zip  
**32703**

Country  
**U.S.A**

Zip  
**32703**

Country  
**USA.**

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	4 City / State / Zip
<del>PVST</del>	<del>LAVINE, DARRIN C</del>	<del>2900 SWEET SPRINGS STREET</del> <i>wrong address -</i>	<del>DELTONA FL 32738</del>
PVST	LAVINE DARRIN C	2799 Boulder Falls Ct.	Apopka FL 32703
			500004795585--6 -01/25/02--01018--004 ***308.75 ***308.75
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAVINE, DENNIS  
 2900 SWEET SPRINGS STREET  
 DELTONA FL 32738

Name **LINA OLARTE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2799 Boulder Falls Ct**  
 Suite, Apt. #, Etc.  
 City **Apopka** State **FL** Zip Code **32703**

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 of Lina Olarte]*

REGISTERED AGENT MUST SIGN

Date

1/6/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **DARRIN C LAVINE**

1-6-02

Date

407-579-0093

Daytime Phone #

CR2E040 (8/01)