#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P0200070982

1. Corporation Name

#### UNITED ROOFING OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

8741 SW 19 AVE RD OCALA FL 34476 8741 SW 19 AVE RD OCALA FL 34476

FILED

03 OCT 20 PM 1: 32

SECRETARY OF STAIL
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information a	and enter correction below.	LANGUAGO DE LA CARROLLA CARROL
New Principal Office Address If Applicable     New Mailing Office Address If Applicable		Date Incorporated or Qualified     To Do Business in Florida  06/27/2002
Suite, Apt. #, etc. SE 684 ST Suite, Apt. #, etc. 5978	SELBAST	5. FEI Number Applied For
City & State City & State OCALA OCALA	, FL	42-1543115 Not Applicable
ZIP 34472 WSA ZIP 34472	Country	6. CERTIFICATE OF STATUS DESIRED (S8.75) Additional Fee require 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)		
Title(s) Name of Officers and/or Directors 3	Street Address of Each Officer and/or Director	
President Erik LARSSON 59	78 SE 68th	15+: OCALA FI 34472
		200023765212 10/13/0301097002 **150.00
:		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent
	Name	
LARSSON, ERIK 8741 SW 19 AVE RD	Street Address (P	P.O. Box Number is Not Acceptable)
OCALA FL 34476	Suite, Apt. #, Etc.	
	City	State Zip Code FL 34リプレ
10. I, being appointed the registered agent of the above named corporation, am fa	amiliar with and accept the ob	bligations of Section 607.0505, F.S. or 617.0505, F.S.
Signature of Registered Agent REGISTERED AGENT MUST	SIGN	Date 10-9-03
11.   Certify that   am an officer or director or the receiver or trustee empowered to		versided for in absenter 607 or 617 EQ   further and full that have

1. 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 filling 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:

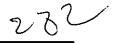
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIK LARSSON PRESIDENT WI

W/9/03 (3

(352) 873727

Daytime Phone #





## **United Roofing**

8741 SW 19th Ave Rd Ocala, Florida 34476 Phone: 352-873-7277 Fax: 352-347-8260

Email: unitedroofing@direcway.com

Florida Department of State Division of Corporations P O Box 6327 Tallahassee, Florida 32314-6327

Ref: Document #P02000070982

To Whom It May Concern:

In reference to the Uniform Business Report, I moved to the address that is corrected on the Application for Reinstatement. I did not received the initial UBR for 2003 because of this move. I am enclosing a check for \$150.00 and request that you waive any penalties for the Uniform Business Report. I received the Application for Reinstatement from the people who are now located at the old address.

Thank you for your time and consideration.

Sincerely,

Erik Larsson,

President

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Kanggaran kemembang mediah pilipi pilipinan ngantah girmpanan mengingkan kilan magasa agai bembah Kanggaran permelangan dalam di langgaranggaranggaran penduaran gendulah magan-kalamban din berada pendigan dia Kanggarah pendugan diam menginan penduaran menginan mengangan berada menginan menginan berada berada menginan