

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 # P02000070982

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

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2002

5. FEI Number

Applied For

Not Applicable

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

President

ERIK LARSSON

5978 SE 68th ST.

OCALA FL 34472

200023765212
10/13/03--01097--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARSSON, ERIK
8741 SW 19 AVE RD
OCALA FL 34476

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

OCALA

FL

34472

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. or 617.0505, F.S.

Signature of
Registered Agent

Erik Larsson

REGISTERED AGENT MUST SIGN

Date

10-9-03

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:

Erik Larsson

ERIK LARSSON

PRESIDENT

10/9/03 (352) 873-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)



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