


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 10 PM 1:27

**DOCUMENT # P93000030643**

1. Corporation Name  
**WILLIAM R. SIMS ROOFING, INC.**

Principal Place of Business 7426 RADIANT CIRCLE ORLANDO FL 32810	Mailing Address 7426 RADIANT CIRCLE ORLANDO FL 32810
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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	04/27/1993
5. FEI Number	59-3214493
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
PD	SIMS, WILLIAM R	7426 RADIANT CIRCLE	ORLANDO FL 32810
			500004726785--6 -12/14/01--01047--030 ****150.00 ****150.00
			<i>B/12/13</i>

8. Name and Address of Current Registered Agent

SIMS, WILLIAM R  
 7426 RADIANT CIRCLE  
 ORLANDO FL 32810

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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: *William R. Sims, Pd.* 12-5-01 407-395-9473  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

**William R. Sims Roofing, INC.**  
7426 Radiant Circle  
Orlando, Florida 32810  
407.925.4306

Department of State  
Division of Corporations  
P. O. BOX 6327  
Tallahassee, FL 32314

December 6, 2001

RE: 2001 Corporate Annual Report  
Document # P93000030643

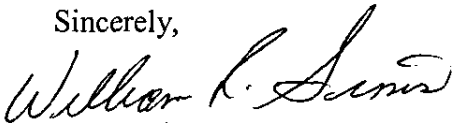
Dear Gentlemen:

We would appreciate having all penalties abated, for not filing the 2001 Corporate Annual Report. Per the letter attached, I have been diagnosed with Wegener's granulomatosis with renal involvement and sinus involvement. In January of 2001, I was disabled and was unable to handle the function of operating a business. Since switching from the medicine I was using, per letter attached, I feel great and I am currently operating the business again.

I would like your help, to abate the penalties, and give me a fresh start to begin my roofing business again.

A 2001 completed Corporate Annual Report and a \$150.00 filing fee are enclosed. Thank you in advance for your help in this matter.

Sincerely,



William R. Sims, President  
William R. Sims Roofing, INC.