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 NOV 25 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08091

1. Corporation Name

A-1 SUNRISE ROOFING, INC.

Principal Place of Business	Mailing Address
6512 NW 20TH ST SUNRISE FL 33313	6512 NW 20TH ST SUNRISE FL 33313

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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: 6516 NW 20ST
Suite, Apt. #, etc.:
City & State: SUNRISE FLA.
Zip: 33313 Country: BROWARD

3. New Mailing Office Address, If Applicable: 10690 NW 27 CT.
Suite, Apt. #, etc.:
City & State: SUNRISE FLA.
Zip: 33322 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 01/21/1992

5. FEI Number: NOT APPLICABLE ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	POLCHA, STEVE	10690 NW 27TH CT	SUNRISE FL 33322
VP	ECKHARDT, WILLIAM	11411 NW 32ND PL	SUNRISE FL 33323
S	TURNER, TIM	2725 LEE ST.	HOLLYWOOD FL 33020
			600002704106--4 -12/04/98--01116--012
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

POLCHA, STEVE
10690 NW 27TH CT
SUNRISE FL 33322

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

CR2E040 (9/98)

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: Steve Polcha SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11/5/98

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: Steve Polcha SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVE POLCHA

11/5/98 Date
(954) 748 1670 Daytime Phone #

AD

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