

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000011074

1. Corporation Name

A-1 SUNSHINE ROOFING, INC.

Principal Place of Business

6516 NW 20 STREET  
SUNRISE FL 33313

Mailing Address

10690 NW 27 CY  
SUNRISE FL 33322

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/1999

5. FEI Number

65-1115536

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	POLCHA, STEVE	10690 NW 27TH COURT	SUNRISE FL 33322

200023968422

10/21/03--01058--013 \*\*158.75

8. Name and Address of Current Registered Agent

POLCHA, STEVE G  
10690 NW 27 STREET  
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

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

*St Polcha* STEVE POLCHA

Date 10/15/03

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:

*St Polcha* PRES. STEVE POLCHA

10/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

- RE-ROOFING
- REPAIRS
- TILE
- ASPHALT SHINGLES
- GRAVEL



**ESTIMATE  
AND  
CONTRACT**

C of C #85-4090-RX

Date 10/15/03 PH.N. \_\_\_\_\_

Contracted To FIA. DEPT. OF STATE

Building Location \_\_\_\_\_

We hereby submit estimate for:

WE AT A1 SUNSHINE ROOFING  
NEVER RECEIVED OUR REINSTATEMENT  
LETTERS, FROM YOUR OFFICE. IN  
FACT, IN THE PAST FEW YEARS  
WE ARE NEVER GETTING OUR  
OBR NOTICES.

THANK YOU!

We are pleased to estimate on the above captioned job as follows:

A 25% Deposit of \$ \_\_\_\_\_ required upon acceptance of this proposal and the balance as work progress in direct ratio of work completed.  
Payment in full to be made upon completion of job; this estimate shall be cancelled unless accepted within 30 days from the date issued.

**TERMS:**

**NET CASH-NO DISCOUNT**  
invoiced due when rendered.

General terms and conditions on reverse side

This bid may be withdrawn if not accepted within 30 days.

BY Steve Polcha DATE \_\_\_\_\_

**STEVE POLCHA PRES.**  
**SUNSHINE ROOFING CO.**

When this job is accepted please sign and return white copy which will be our order to proceed with work and when approved by our credit department constitutes the entire agreement of the parties. Attention is directed to the General Terms and Conditions set forth elsewhere in this contract.

The Undersigned accepts the above job at the price quoted agrees to pay for said work promptly of same as herein specified. If any sums due are collected by suit or demand of an attorney of collection agency then the undersigned agrees to pay all costs. Including reasonable attorney's fee for collection.

ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

OWNER OR AGENT \_\_\_\_\_