

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -1 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 413472

1. Corporation Name

W.J. LOHMAN ROOFING CO., INC.

2. Principal Office Address

281 King Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

USA

3. Mailing Office Address

281 King Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/72

5. FEI Number

591437665

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard C. Stoddard

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

3100 University Blvd. S.

Suite, Apt. #, Etc.

Suite 101

City

Jacksonville

State

FL

Zip Code

32216

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date Oct. 28, 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STP	Jerry Redden	667 E. 23rd St.	Jacksonville, FL 32206
VP	Jerry Lynn Redden	310 King Street	Jacksonville, FL 32206
VP	Rodney Redden	667 E. 23rd St.	Jacksonville, FL 32206

10. 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:

Jerry L. Redden

Oct. 28, 2002 (904) 838-1025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 413472**

1. Entity Name

**W.J. LOHMAN ROOFING CO., INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**281 King Street**

Suite, Apt. #, etc.

3. Mailing Address

**281 King Street**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Jacksonville, FL**

Zip

Country

City & State

**Jacksonville, FL**

Zip

Country

4. FEI Number

**591437665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Richard C. Stoddard**

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

**3100 University Blvd. S., Suite 101**

City

**Jacksonville,**

**FL**

Zip Code

**32216**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Richard C. Stoddard*  
Signature typed or printed name of registered agent and title, if applicable.

**Richard C. Stoddard**

**Oct. 28, 2002**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**STP**

**Jerry Redden**

**667 E. 23rd Street**

**Jacksonville, FL 32206**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Jerry Lynn Redden**

**310 King Street**

**Jacksonville, FL 32206**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Rodney Redden**

**667 E. 23rd Street**

**Jacksonville, FL 32206**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jerry L. Redden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jerry L. Redden** Oct. , 2002 (904) 838-1025

Date

Daytime Phone #

CR2E034B (12/01)

**W J. LOHMAN ROOFING CO., INC.**  
**281 King Street**  
**Jacksonville, Florida 32204**

October 28, 2002

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

RE: Reinstatement of W. J. Lohman Roofing Co., Inc.  
Document Number: 413472  
FEI Number: 591437665

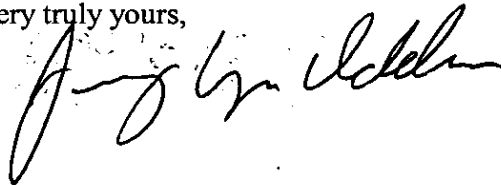
Gentlemen:

I recently learned that my corporation had been administratively dissolved because of its failure to file an annual report or Uniform Business Report (UBR) with your office.

I do not remember receiving this report from your office in 2002 nor does my secretary who opens the mail.

Enclosed is a Corporate Reinstatement form and UBR along with our check payable to your order in the amount of \$150.00 as the reinstatement fee since we never received your letter.

Very truly yours,



Jerry Lynn Redden, President

Enclosures

RUMPH, STODDARD & CHRISTIAN

ATTORNEYS AT LAW

SUITE 101, 3100 BUILDING

3100 UNIVERSITY BOULEVARD SOUTH

JACKSONVILLE, FLORIDA 32216

RICHARD C. STODDARD

GARY I. CHRISTIAN

J. QUINTON RUMPH

RETIRED

TELEPHONE (904) 724-5060

FAX (904) 725-4818

October 30, 2002

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

RE: Reinstatement of W. J. Lohman Roofing Co., Inc.

Gentlemen:

This letter will serve as a request that the above corporation be reinstated in accordance with the enclosed executed documents:

1. Corporation Reinstatement.
2. Uniform Business Report.
3. Letter of Non-Receipt of UBR.

Enclosed is my client's check in the amount of \$150.00 payable to the Department of State.

Very truly yours,

*Richard C. Stoddard*

Richard C. Stoddard

*tes*

RCS/tlg

Enclosures

cc: Jerry L. Redden