

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 12 PM 1:04

DOCUMENT # 424334

1. Corporation Name

VENICE ROOFING, INC.

000025606880
12/18/03--01057--011 *458.75

2. Principal Office Address

965 W. BAFFIN DR.

Suite, Apt. #, etc.

City & State

VENICE, FL.

Zip

34293

Country

USA

3. Mailing Office Address

965 W. BAFFIN DR.

Suite, Apt. #, etc.

City & State

VENICE, FL.

Zip

34293

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

7/26/73

5. FEI Number

59146 4691

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL L. MURPHY

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

965 W. BAFFIN DR.

Suite, Apt. #, Etc.

City

VENICE FL.

State

FL

Zip Code

34293

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

Michael L. Murphy
REGISTERED AGENT MUST SIGN

Date 12/5/03

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
P PRES.	MICHAEL L. MURPHY	965 W. BAFFIN DR.	VENICE, FL. 34293

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)(l), 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:

MICHAEL L. MURPHY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/03

Daytime Phone #

941-485-7595

CR2E081 (10/02)