

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 489344

1. Corporation Name

M. GELLING ROOFING, INC.

Principal Place of Business

6420 PARKSIDE DR.  
NEW PORT RICHEY FL 34653  
US

Mailing Address

6420 PARKSIDE DR.  
NEW PORT RICHEY FL 34653  
US



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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1711361

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	GELLING, MARK W.	6420 PARKSIDE DR.	NEW PORT RICHEY FL
SD	GELLING, LINDA M.	6420 PARKSIDE DR.	NEW PORT RICHEY F;

000008725490  
10/31/02--01049--022 \*\*150.00

8. Name and Address of Current Registered Agent

GELLING, SR. M  
6420 PARKSIDE DRIVE  
NEW PORT RICHEY FL 34653

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 (8/02)

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

*Mark W. Gelling, Sr. (Pres.)*  
REGISTERED AGENT MUST SIGN

Date

10-28-2002

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:

MARK W. GELLING SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-13-2002 727-848-3028

# M. GELLING ROOFING, Inc.

P.O. BOX 566 RD

NEW PORT RICHEY, FLORIDA 33552

TELEPHONE (727) 848-3028

CCC 049343

To Whom it may concern

DATE 10-28-2002

Quantity	Description	Amount
<p>I have been a working Corporation for 27 yrs. in the good State of Fla. I have never been late as to filling my corporation returns as to receiving the annual corp report. This always been filled out by my bookkeeper. We unfortunately didn't receive this report this year or any follow up letter or second notice. Myself and also my bookkeeper were not notified when I talked to him. So I am asking for you to send me the necessary forms so they can be filled out and sent back to you so we will again be an active corporation in good status.</p> <p>Sincerely Mark Gelling Pres.</p>		