

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 APR 27 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **496136**

1. Corporation Name

BUDDY'S ROOFING, INC.

Principal Place of Business

Mailing Address

2719 PINWOOD AVE
P.O. BOX 8277
WEST PALM BEACH FL 33407

2719 PINWOOD AVE
P.O. BOX 8277
WEST PALM BEACH FL 33407

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

02/07/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1641427

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	RAULERSON, JAMES J., JR.	2719 PINWOOD AVE.	W. PALM BEACH FL
V	NEWBERRY, CLEARENCE	2719 PINWOOD AVE.	W. PALM BEACH FL
T	RAULERSON, HENRIETTA <i>Raulerson, James L JR</i>	2719 PINWOOD	W. PALM BEACH FL

300002512479--4
-05/06/98--01011--017
****900.00 ****900.00

8. Name and Address of Current Registered Agent

RAULERSON, JAMES J., JR.
2719 PINWOOD AVENUE
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

James J. Raulerson Jr

REGISTERED AGENT MUST SIGN

Date

4/10/98

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:

James J. Raulerson Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/98

561-832-3582

CR25040 (9/97)