

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 496136

1. Entity Name
BUDDY'S ROOFING, INC.



FILED

05 JAN 14 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2719 PINWOOD AVE
WEST PALM BEACH, FL 33407

Mailing Address
PO BOX 8277
WEST PALM BEACH, FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



11092004 REIN- P 0R2E098 (6/04)

4. FEI Number
59-1641427

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, BRUCE W JR, ESQ
105 S. NARCISSUS AVE., STE. 412
WEST PALM BEACH, FL 33401

Name

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

300043661493
12/28/04--01006--002 **500.00

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/05

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
RAULERSON, JAMES J
2719 PINWOOD AVE
WEST PALM BEACH, FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
RAULERSON, JAMES J.
2719 PINWOOD AVENUE
WEST PALM BEACH FL 33407 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RAULERSON, RONALD A.
2719 PINWOOD AVENUE
WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300043661493
12/28/04--01006--003 **258.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0000044769660
01/14/05--01024--005 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1/1/14 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James J. Raulerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-04

561-832-3582

Date

Daytime Phone #