

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 DEC -3 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **701498**

1. Corporation Name

JACKSONVILLE ROOFING & SHEET METAL CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9238 3RD AVE.
P.O. BOX 9257
JACKSONVILLE FL 32208

9238 3RD AVE.
P.O. BOX 9257
JACKSONVILLE FL 32208

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1960

5. FEI Number

59-1380116

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VDT	FERBER, GEORGE	4121 EVERGREEN AVE	JACKSONVILLE FL
PD	DICKEY, EDWIN	8318 ATLANTIC BLVD	JACKSONVILLE FL
SD	BURNSSED, RAY	6410 N.W. 123RD PLACE	GAINESVILLE FL

500009315485
12/03/02--01042--009 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DICKEY, EDWIN
8318 ATLANTIC BLVD.
JACKSONVILLE FL

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Edwin A. Dickey
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/2/02

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.

EDWIN A. Dickey

SIGNATURE:

Edwin A. Dickey
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2/02 904-765-5922

CR2040 (8/02)