

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 27 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770075

1. Corporation Name

RIDGE COUNTIES ROOFING & SHEET METAL CONTRACTOR
S ASSOCIATION, INC.

Principal Place of Business

623 PARK ST.
POST OFFICE BOX 1237
SEBRING FL 33871

Mailing Address

623 PARK ST.
POST OFFICE BOX 1237
SEBRING FL 33871

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

09/01/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED I

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
PD	MARCHMAN, DON	623 PARK ST.	SEBRING FL
V	NORMAN, DEAN	3515 HEID RD	SEBRING FL
S	BRDY, R. C.	623 PARK ST.	SEBRING FL
T	BRADY, R C	623 PARK ST	SEBRING FL
D	BOWEN, III., BRAD	623 PARK STREET	SEBRING FL
D	BOWEN, B T I	623 PARK ST	SEBRING FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THORPE, C. G., JR.
623 PARK ST.
SEBRING FL 33870

Name

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

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11-30-99

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-22-99 863-385-0351

Daytime Phone #