

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 17 PM 4:58

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # 840060

1. Corporation Name

Bi-State Roofing, Inc.

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address

712 S Oak St

3. Mailing Office Address

P O Box 218

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland GA

City & State

Lakeland GA

Zip
31635

Country
USA

Zip
31635

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1978

5. FEI Number

58-1240634

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wesley Charles Chadwick

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

Rt 2 Box 273

Suite, Apt. #, Etc.

City

Bartow

State
FL

Zip Code
33830

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Wesley Charles Chadwick
REGISTERED AGENT MUST SIGN

Date 01/12/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Alan Chadwick	712 S Oak St	Lakeland GA 31635
VP	Benny Fullwood	712 S Oak St	Lakeland GA 31635
S/T	Vascoe Chadwick	712 S Oak St	Lakeland GA 31635
VP	William W. Chadwick	712 S Oak St	Lakeland GA 31635

10. 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 contained in Chapter 119, 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:

Vascoe Chadwick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/06

Date

229-482-2600

Daytime Phone #