

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN -3 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F85254

1. Corporation Name

J & D ROOFING, INC.

Principal Place of Business

% JAMES PURKHISER
7885 1ST STREET, SW
VERO BEACH FL 32968

Mailing Address

% JAMES PURKHISER
7885 1ST STREET, SW
VERO BEACH FL 32968

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1230-14th Ave.

City & State
Vero Beach, FL

Zip Country
32960 Indian River

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1982

5. FEI Number

59-2222479

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
PD	PURKHISER, JAMES	7885 1ST ST., SW	VERO BEACH FL
TSV	Jesus Zuniga	1230-14th Ave.	Vero Beach, FL 32960
P.D.	Maria Amelia Zamorano Zuniga	1230-14th Ave.	Vero Beach, FL 32960
			100004785551-4 -01/22/02--01024--005 ****750.00: **48750.00

8. Name and Address of Current Registered Agent

PURKHISER, JAMES
7885 1ST STREET, SW
VERO BEACH FL 32962

9. Name and Address of New Registered Agent

Name Maria Amelia Zamorano Zuniga
Street Address (P.O. Box Number is Not Acceptable)
1230-14th Ave.
Suite, Apt. #, Etc.
City Vero Beach
State FL Zip Code 32960

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

X Maria Amelia Zamorano Zuniga
REGISTERED AGENT MUST SIGN

Date X/12-31-01

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.

SIGNATURE:

X Maria Amelia Zamorano Zuniga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Maria Amelia Zamorano Zuniga

X 12-31-01

Date

Daytime Phone #

CR2E040 (8/01)