

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F92546**

1. Corporation Name

THERMA-SEAL ROOFS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 4:38

Principal Place of Business

1135 53RD COURT NORTH
WEST PALM BEACH FL 33407

Mailing Address

1135 53RD COURT NORTH
WEST PALM BEACH FL 33407

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

1333 53 ST
West Palm Beach FL

Zip
33407

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAH5

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1982

5. FEI Number

59-2368640

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CAMERON, DONALD L	1135 53RD COURT NORTH 1333 53 ST	WEST PALM BCH, FL-00000-33407
VP	CAMERON, JUDY	1135 53RD COURT NORTH 1333 53 ST	WEST PALM BCH FL 33407
			300003019803--7 -10/20/99--01066--011 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

CAMERON, DONALD L.

1135 53RD COURT NORTH 1333 53 ST
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/13/99

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 indicated 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

Daytime Phone #

561
10/13/99 8480333

CR20040 (8/99)