	PLEASE READ	ALL INS	FRUCTIONS	BEFORE	COMPLET	ING THIS FORM.
	PLICATION A FOR AG		A DEPARTME Sandra B. Mor Secretary of S	rtham State		FILED
DOC	UMENT # <b>F9700</b>	· · · · · · · · · · · · · · · · · · ·			1	99 JAN 11 AM 11: 13
1. Corporation Name KELLEY & CARPENTER ROOFING & SHEET METAL, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal I	Place of Business	Mailing Address				
	E AVENUE N OH 45011	507 MAPLE AVENUE HAMILTON OH 45011				
	addresses are incorrect in any way, line th incipal Office Address, If Applicable		nformation and enter ing Office Address, If		4. Date Incorp	porated or Qualified ness in Florida
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. FEI Numbe	04/03/1997
City & Sta	te	City & State				Applied For Applicable
Zip	Zip Country		Zip Country 6.			E OF STATUS DESIRED S S8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer and Name of Officers	or Director (Flo	rida nonprofit corpora Str	ations must list at lea	ast 3 directors )	000027424735. -01/14/39-01091022
Title(s) 1	and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu		umbers)	4 *****308.15 *****308.75
Р	CARPENTER, STEVE		4545 EATON ROAD			HAMILTON OH 45013
V	CARPENTER, GARY		925 GOLFVIEW DRIVE			HAMILTON OH 45013
S	CARPENTER, DALE		4650 WAYNES TRACE ROAD			HAMILTON OH 45011
T	CARPENTER, RICHARD		4704 MESA PLACE			LIBERTY TWP OH 45011
					REIN	STATEMENT
	8. Name and Address of Current	Registered Age	nt		9. Name and A	Address of New Registered Agent
VITAL	e, Michael			Name		X
4716	NE 7TH STREET A FL 34470		Street'Address (P.C <u>3 W.</u> Suite, Apt. #, Etc.			IX is Not Acceptable) Street
10 1 5-1-				Beverly 1	tills	State Zip Code FL 34465
Signature of Registered	Agent	O.PEE				on 607.0505, F.S. Date <u>1599</u>
	nis corporation owes or ha angible Personal Propert			ar Yes 💭	No 🗌	(See other side for information on intangible tax.)
this reir owed b	istatement application, the reason for disso	lution has been names of individe	eliminated, the corport uals listed on this form	rate name satisfies t n do not qualify for a	the requirements an exemption unc	pter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The Information indicated
SIGNA					Ð	1-8-99 513-863-3565 Date Daytime Phone #

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مصدقا للمعوريو	KELLEY & CA ROOFING & SHEE 507 Maple HAMILTON, O	T METAL, INC		LETTER OF TRANSMITTAL			
	Phase 862 2565			DATE 1-8-99 JOB NO.			
	Phone 863-3565	FAX 863-358	-	ATTENTION			
TO D	╤┢╣╌╌┊╎╌╴╌╴	tate		Reinstatement			
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	17 Ilahas	see, <u>1-10</u>	<u>xida 32399</u>				
			· · · · ·				
WE ARE SI	ENDING YOU 🖉 🖉	Attached	Under separate cover via	the following items:			
-	Shop drawings	🗆 Print	s 📋 Plans	Samples     Specifications			
	Copy of letter	🗇 Chan	ge order				
			i to minimum <del>a</del>				
COPIES	DATE NO	».		DESCRIPTION			
)		Reir	istatement Ap	plication			
1			K # 928790 for	- \$ 908.75			
		<u>}</u>					
THESE AR	E TRANSMITTED as c	hecked below:					
	For approval		Approved as submitted	Resubmit copies for approval			
	For your use		Approved as noted				
		···	the set of	Submit copies for distribution			
	As requested	· <u> </u>	Returned for corrections	n and a second			
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