


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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FILED

02 NOV 22 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H15919**

1. Corporation Name

WEATHERPROOF, INC.

Principal Place of Business

142 OAKVIEW CIRCLE
LAKE MARY FL 32746

Mailing Address

142 OAKVIEW CIRCLE
LAKE MARY FL 32746

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1984

5. FEI Number

59-2457622

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
P	MARTIN, THOMAS	142 OAKVIEW CIRCLE	LAKE MARY FL 32746
S	MARTIN, WANDA K	142 OAKVIEW CIRCLE	LAKE MARY FL 32746

500008725855
10/31/02--01051--008 **150.00

8. Name and Address of Current Registered Agent

MARTIN, THOMAS
142 OAKVIEW CIRCLE
LAKE MARY FL 32746

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. or 617.0505, F.S.

Signature of
Registered Agent


SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02 407-388-1624

CR2E040 (8/02)

Weatherproof, Inc.

142 Oakview Circle

Lake Mary, Florida 32746

Phone (407) 328-1624

November 15, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Weatherproof, Inc.-Document Number H15919
Uniform Business Report - 2002

Gentlemen,

We are in receipt of your notice, a copy of which is attached. Per this notice you are changing the filing fee from \$150.00 to \$750.00. We are respectfully requesting a reduction of the filing fee to the original amount of \$150.00 based on the following:

- (1) During late 2001 and early 2002 the taxpayers office was moved. As a result of this move the Uniform Business Report Form was not received and therefore was not filed on a timely basis.
- (2) As soon as the president, Thomas Martin realized the report had not been filed he immediately contacted his accountant and had this document prepared.
- (3) The taxpayer now understands the filing requirements and anticipates no future problems in this area.
- (4) Payment of these penalties would constitute an undue financial hardship on this small taxpayer in the roofing business.
- (5) Thank you in advance kind consideration of this matter. Please feel free to contact us with any questions or comments concerning this matter.

Very truly yours,



Thomas Martin, President, Weatherproof, Inc.