PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

J50920 **DOCUMENT#**

1. Corporation Name

Principal Place of Business

NELSON ROOFING, INC.

Mailing Address

00 APR 27 AM 11:06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

			****	N' NW 15TH ST. RGATE FL 33063							
If above :	addresses are i	incorrect in any way, li	ne through incorrect in	formation ar	nd enter correcti	on below.	REINS	TATEM	ENT	Q0	100
					ing Office Address, If Applicable			porated or Qualified	1		
Suite, Apt. #, etc. Suite, Apt. #,				etc.			12/31/1986 5. FEI Number App			1/1986 Applie	d For
City & State City				k State			59-2747317 Not Applicable				
Zip Country			Zip	Zip C				E OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status			e required f Status
7. Names	and Street Add	dresses of Each Office	er and/or Director (Flo	rida nonprofi	t corporations n	nust list at lea	ast 3 directors)				-
Title(s)				Street Address of Each Officer and/or Director				4	City / State	e / Zip	
P	NELSON, PATRICK D			5540 NW 76TH PLACE			POMPANO BEACH FL 33073				
VP	NELSON, NORMAN D			1610 SW 64TH AVE.				POMPANO BEACH FL 33068			
ST	HORNE, ANDREW E			1941 S.W. 67TH TERRACE				POMPANO BEACH FL 33068			
				9000032599095 -05/19/00-01103-011							-5
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8. Name and Address of Current Registered Agen					nt			9. Name and Address of New Registered Agent			
					Nan	ne					, (68/8
NELSON, PATRICK D.				Street Address		et Address (l	P.O. Box Numbe	er is Not Acceptable)		
	N.W. 76TH PL			•		- 4-4 # 54-					
POMP	ano Beach	FL 33067			Suit	e, Apt. #, Etc					
		<u></u>	, .,		City				FL	Zip Code	-
10. I, bein Signature Registered	of :	e registered agent of t	ne above named corporation in the second sec	ENT MUST	QUIF	accept the o	bligations of Sec	Date 4 _		0	· · .
this rei owed l	instatement appoyrate	olication, the reason fo ion have been paid ar	e receiver or trustee er or dissolution has beer of the names of indivic i my signature shall ha	eliminated, luals listed o	the corporate na n this form do n	ame satisfies not qualify for	the requirement an exemption u	ts of section 607.04	01 or 617.040	1, F.S., that al	lfees (,