

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # J 66599

Corporation Name

A & C Roofing Properties, Inc

Principal Place of Business

Mailing Address

4851 E. 11th Ave
Hialeah, Fl. 33013

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

1. New Principal Office Address, If Applicable

same

Suite, Apt. #, etc.

City & State

Country

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2388849

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
1.	Maria T. Contreras	4851 E. 11th Ave Hialeah, Fl. 33013	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REINSTATEMENT

700003095367--E
-01/12/00-01005--007
****758.00 ****758.00

8. Name and Address of Current Registered Agent

Maria T. Contreras
4851 E. 11th Ave
Hialeah, Fl. 33013

9. Name and Address of New Registered Agent

Name Maria T. Contreras
Street Address (P.O. Box Number is Not Acceptable)
4851 E. 11th Ave
Suite, Apt. #, Etc.
Hialeah, Fl. 33013
City
State FL Zip Code 33013

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
REGISTERED AGENT MUST SIGN

Date 12-28-99

This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Maria T. Contreras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-99
Date

Daytime Phone