

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 FEB 17 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L3034U**

1. Corporation Name

**E+F ROOFING, INC.**

**550 NW 27 AVE**

**W-34U**

Principal Place of Business

Mailing Address

**Box 21A**

**FT LAUDERDALE FL 33311**

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

2. New Principal Office Address, If Applicable

**SAME AS ABOVE**

Suite, Apt. #, etc.

City & State

Zip

Country

**Broward**

3. New Mailing Office Address, If Applicable

**SEE ABOVE**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**98-00**

4. Date Incorporated or Qualified To Do Business in Florida

**8-5-88**

5. FEI Number

**65-0065190**

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 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
<b>P-D</b>	<b>JOHN CAPERS</b>	<b>3319 NW 42 ST</b>	<b>LAUDERDALE LAKE FL 33309</b> <b>600003145306-5</b> <b>-02/23/00--01103--013</b> <b>****158.75 ****158.75</b>
<b>✓</b>	<b><del>JOHN CAPERS</del></b>	<b><del>3319 NW 42 ST</del></b>	<b><del>LAUDERDALE LAKE FL 33309</del></b> <b><del>600003145306-5</del></b> <b><del>-02/23/00--01103--013</del></b> <b><del>****158.75 ****158.75</del></b>
<b>SA</b>	<b>MELVIN CAPERS</b>	<b>3319 NW 42 ST</b>	<b>LAUDERDALE LAKE FL 33309</b>
<b>VP</b>	<b>EUGENE GREENE</b>	<b>2353 NW 13 COURT</b>	<b>FT LAUDERDALE FL 33311</b> <b>600003145304-2</b> <b>-02/23/00--01103--012</b> <b>****900.00 ****900.00</b>

8. Name and Address of Current Registered Agent

**JOHN CAPERS**  
**550 NW 27th AVE**  
**Box 21A**  
**FT. LAUDERDALE FL 33309**

9. Name and Address of New Registered Agent

Name

**SEE # 8**

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #; Etc.

City

State

Zip Code

**FL**

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

**JOHN R. CAPERS**

REGISTERED AGENT MUST SIGN

Date **12-28-99**

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

Yes ☐ No ☒ **paid**

(See other side for information on intangible tax.)

12. 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:

**JOHN R. CAPERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-28-99**

Date

Daytime Phone #

**KE**

CR2E01 (12/98)