

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K83078**

1. Corporation Name

Duchess Roofing, Inc.

Principal Place of Business

6345 82nd Avenue North
Pinellas Park, FL 33781

Mailing Address

6345 82nd Avenue North
Pinellas Park, FL 33781

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

2. New Principal Office Address, If Applicable
6345 82nd Avenue North

3. New Mailing Office Address, If Applicable
6345 82nd Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pinellas Park, FL

Pinellas Park, FL

Zip

Country

Zip

Country

33781

USA

33781

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 24, 1989

5. FEI Number

59-2945663

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/S	William E. Duchess	6345 82nd Avenue North	Pinellas Park, FL 33781
V	Robert Johansen	11670 Oval Drive	Largo, FL 33774

8. Name and Address of Current Registered Agent

William E. Duchess
6345 82nd Avenue North
Pinellas Park, FL 33781

9. Name and Address of New Registered Agent

Name

N/A

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.

Signature of
Registered Agent

William E. Duchess

REGISTERED AGENT MUST SIGN

Date

11/19/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(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:

William E. Duchess WILLIAM E DUCHESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/98 (727) 596-3736

Daytime Phone #

FILED

98 NOV 23 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800002698708--3

-12/01/98--01034--020

2250.00 *750.00

REINSTATEMENT

98