

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT OF STATUS  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L00000004879

Name and Mailing Address

02 OCT 29 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0007796 01 FP 0.352 \*\*PR5RT T4 0 0615 34287-141799



ROOF TEC, LLC  
12457 TAMIAMI TRAIL  
NORTH PORT FL 34287-1417



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

04/27/2000

Principal Place of Business

12457 TAMIAMI TRAIL  
NORTH PORT FL 34287

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-0962008

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

LOZON, BERNARD  
12457 TAMIAMI TRAIL  
NORTH PORT FL 34287

9. Name and Address of New Registered Agent

Name

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

**REINSTATEMENT**

2002

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/24/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	LOZON, BERNARD J	12457 TAMIAMI TRAIL	NORTH PORT FL 34287

200008665982

10/23/02 01069 004 \*\*150.00

10/24/02

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date

10/24/02

Daytime Phone #

941 429 9400

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)