PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
APPLICATION 🚜 🚉	FLORIDA DEPARTMEN		APTALVED	
FOR FOR	Katherine Ha Se vetary of S	[ANNIA FILIT	
REINSTATEMENT	DIVISION OF CORPOR		· ····	
DOCUMENT # L 15401			99 SEP - 1 PM 2: 16	
Corporation Name	1		SECNETARY OF STATE TALLAMASSEE, FLORIDA	
George's Roofing Co. Inc.		~	AULATROSCE, PEUNIDS	
Principal Place of Business	Mailing Address			
12001 S.W. 176 st.			ATEMENT 03-99	
If about additions are incorrect in any day, line throws Newtonius Office Address, if Applicable	ugh incorrect information and enter	correction below.		
Suite. Apt. #. etc	Suite, Apt. #, etc.	To Do Bus	porated or Qualified iness in Florida Aug. 7 /990	
		5. FEI Number	Applied For	
City & State	City & State	<u> </u>	03998 Not Applicable	
Zip Country	Zip Country	CERTIFICAT	TE OF STATUS DESIRED S8 75 Addition at Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o				
Title(s) Name of Officers and/or Directors) Off	eet Address of Each ficer and/or Director se Post Office Box Numbers)	City / State / Zip	
		1 10/ -1	1100 00 00	
Pres, George Jones 12001 S.W. 1		.W. 116 St.	MiAmi, H. 33177	
Viftes VENESSA Jones 12001.		S.W. 176st.	Mi'Ami Pl. 33/77	
Sec. MANUEL ALVAREZ 12010S		Sw. 1768+	Sw. 176st MAMP, \$1,33177	
3000029829832				
			-03/03/3301081009	
			***1650.00 ***1650.00	
8. Name and Address of Current F	legistered Agent	9. Name and	Address of New Registered Agent	
Name Name		Name	fress (P.O. Box Number is Not Acceptable)	
12001'S.W. 176 St.		Suite, Apt. #, Etc.		
Miami, El. 33/77 City State Zip Code FL				
Yo. 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 Date Date Date Date				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No				
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 817, F.S. I further certify that when filling 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.				
$A \subset A \subset A$				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daty Daytime Phone II				