

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

1997 NOV 19 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L60762**

1. Corporation Name

**PALM COAST ROOFING, INC.**

Principal Place of Business

Mailing Address

10750 WILES RD- 467 US 27 NORTH PO BOX 8876 467 US 27 NORTH  
CORAL SPRINGS FL 33076 LAKE PLACID CORAL SPRINGS FL 33076 LAKE PLACID  
US FL 33852 US FL 33852



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

467 US 27 NORTH  
Suite, Apt. #, etc.

467 US 27 NORTH  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/22/1990

5. FEI Number

65-0199458

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
D	GRAYDON, STEVEN R.	11037 SANDLAKE DR 105 APPLE TREE AVE	BOCA RATON FL LAKE PLACID FL 33852
			100002353851--5 -11/20/97--01035--030 ****758.75 ****758.75

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRAYDON, STEVEN R.  
11037 SANDLAKE DR 467 US 27 NORTH  
BOCA RATON FL 33428 LAKE PLACID, FL  
33852

Name

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

REGISTERED AGENT MUST SIGN

Date

11/17/97

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-649-0000  
S.R. GRAYDON 11/17/97