

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 467 US 27 NORTH Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable 467 US 27 NORTH Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 03/22/1990	
City & State LAKE PLACID, FL		City & State LAKE PLACID, FL		5. FEI Number 65-0199458	
Zip 33852		Country USA		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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 125 APPLE TREE AVE	BOCA RATON FL LAKE PLACID FL 33852
			100002353851-5 -11720797-01085-030 ****758.75 ****758.75
REINSTATEMENT <i>[Signature]</i>			

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name
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 *[Signature]*
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]* **J.R. GRAYDON 11/17/97**
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # **941-699-0000**

CPRE040 (8/97)