

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 OCT 04 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M39933

1. Corporation Name

ABSOLUTE ROOFING, INC.

Principal Place of Business

6756 IXORA DRIVE
MIRAMAR FL 33023
US

Mailing Address

6756 IXORA DRIVE
MIRAMAR FL 33023
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2725709

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	MANSEAU, WILLIAM	6756 IXORA DRIVE	MIRAMAR FL

000041816160
10/12/04--01038--011 **500.00

000041816160
10/12/04--01038--012 **400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANSEAU, KATHLEEN
6756 IXORA DRIVE
MIRAMAR FL 33023

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. or 617.0505, F.S.

Signature of
Registered Agent

Kathleen Manseau

REGISTERED AGENT MUST SIGN

Date

10/01/04

11. 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 Manseau PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William MANSEAU 10/01/04 987-8084
954

CR2E040 (7/03)