

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # **P00000086656**

1. Entity Name  
**ADVANCED ROOF CLEANING, INC.**



**FILED**

04 OCT 25 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

192 S.E. WATERSIDE  
STUART, FL 34997

Mailing Address

192 S.E. WATERSIDE  
STUART, FL 34997

2. Principal Place of Business

**912 S.E. Waterside Way**

3. Mailing Address

**912 S.E. Waterside Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Stuart FL**

City & State

**Stuart FL**

Zip

**34997**

Country

**Martin County**

Zip

**34997**

Country

**Martin**

10202004

REIN-P

CR2E098 (6/04)

4. FEI Number

32-1071199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOYCE, DENNIS M ESQ.  
631 U.S. HIGHWAY ONE  
#404  
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **STRAWN, RICHARD**  
STREET ADDRESS **192 S.E. WATERSIDE**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** ☐ Delete  
NAME **STRAWN, KATHY M**  
STREET ADDRESS **912 SE WATERSIDE WAY**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **400042155764**  
STREET ADDRESS **10/25/04--01058--015 \*\*150.00**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**REINSTATEMENT**

*[Signature]* 10/28

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard E Strawn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-04

772-781-6011

Date

Daytime Phone #