

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000024838

1. Corporation Name

REVIVE-A-ROOF CLEANING SYSTEM INC.

Principal Place of Business

7900 E COUNTRY CLUB BLVD
BOCA RATON FL 33487

Mailing Address

7900 E COUNTRY CLUB BLVD
BOCA RATON FL 33487



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2001

5. FEI Number

651082812

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	Aimee Kennedy	3000 Sheward Blvd	Delray Beach, FL 33445
V.P.	Tim Kennedy	3000 Sheward Blvd	Delray Beach, FL 33445

7000008546237
10/23/02--01054--008 **158.75

8. Name and Address of Current Registered Agent

KENNEDY, TIMOTHY J
7900 E COUNTRY CLUB BLVD
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2EM40 (8/02)

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

REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)

445-3641

REVIVE - A- ROOF CLEANING SYSTEM INC.

7900 E. COUNTRY CLUB BLVD.

BOCA RATON FLORIDA 33487

561-445-3641

October 22, 2002

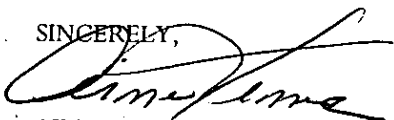
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

PLEASE FIND ENCLOSED APPLICATION FOR REINSTATEMENT
ALONG WITH A CHECK IN THE AMOUNT OF $150.00 + 8.75 = 158.75$
EXTRA FOR CERTIFICATE OF STATUS,

I WOULD LIKE TO INFORM YOUR DEPARTMENT THAT I
DID NOT GET THE NOTIFICATION AND BEING THAT THIS IS
OUR FIRST BUSINESS/CORP. I WAS NOT AWARE THAT I
NEEDED TO FILL THIS FORM BEFORE MAY, WHICH I WAS INFORMED
BY YOUR OFFICE WHEN I CALLED, I WILL MAKE SURE THAT
EVERY YEAR AS LONG AS WE ARE IN BUSINESS I WILL MAKE SURE
THAT WETHER I RECEIVE FORM OR NOT I WILL NOTIFY
YOUR OFFICE NOW THAT I UNDERSTAND THAT
THIS FORM MUST BE FILED EVERY YR.
THANK YOU FOR YOUR ASSISTANCE

SINCERELY,



AIMEE KENNEDY