

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P01000032441

1. Corporation Name

CONCH ROOFING, INC.

Principal Place of Business

819 PEACOCK PLAZA UNIT 580  
KEY WEST FL 33040

Mailing Address

819 PEACOCK PLAZA UNIT 580  
KEY WEST FL 33040



REINSTATEMENT 02-03

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

03/30/2001

5. FEI Number

651086813

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| PSTD          | GARCIA, MICHAEL A                         | 819 PEACOCK PLAZA UNIT 580                             | KEY WEST FL 33040       |
| V             | PIERCE, JOHN                              | 819 PEACOCK PLAZA UNIT 580                             | KEY WEST FL 33040       |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Michael Garcia

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

819 Peacock Plaza

Suite, Apt. #, Etc.

580

City

Key West

State

FL

Zip Code

33040

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

4-15-03

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 #

CR20040 (8/02)