

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 DEC 26 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050163

1. Corporation Name

COLONY ROOFING, INC.

Principal Place of Business

~~502 SOUTH RIVERSIDE DRIVE~~
~~NEW SMYRNA BEACH FL 32168~~

Mailing Address

~~502 SOUTH RIVERSIDE DRIVE~~
~~NEW SMYRNA BEACH FL 32168~~



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

205 KIRKLAND RD
N.S.B., FL
City & State

3. New Mailing Office Address, If Applicable

951 W. BAGLEY RD
BEREA, OH
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/2001

5. FEI Number

59-3720115

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
PST	SAGLIBENE, DEAN S. SAGLIBENE, DEAN S.	502 SOUTH RIVERSIDE DRIVE 205 KIRKLAND RD	NEW SMYRNA BEACH FL 32168 32169
SEC	SAGLIBENE, SAM	502 SOUTH RIVERSIDE DR.	N.S.B., FL, 32168
TR	SAGLIBENE, JOE	205 KIRKLAND RD #	N.S.B., FL, 32169
VP	SAGLIBENE, CHRIS	205 KIRKLAND RD	N.S.B., FL, 32169
			400009690104 12/26/02 01036 003 **750.00

8. Name and Address of Current Registered Agent

SAGLIBENE, DEAN S
~~502 SOUTH RIVERSIDE DRIVE~~ 205 KIRKLAND RD
NEW SMYRNA BEACH FL 32168
32169

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

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/18/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/02

Daytime Phone #

440-826-3444

CR2E040 (8/02)