

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 DEC -3 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000063652**

1. Corporation Name

WEATHER TIGHT ROOFING INC

2. Principal Office Address

5328B LAKEFRONT BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City

DELRAY BEACH FL

City & State

Zip

33484

Country

Zip

Country

700009347147
12/04/02--01039--006 **750.00

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/01

5. FEI Number

22-3823272

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEANNE S. FREY

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

5328B LAKEFRONT BLVD.

Suite, Apt. #, Etc.

City

DELRAY BEACH

State
FL

Zip Code

33484

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeanne Frey

REGISTERED AGENT MUST SIGN

Date **11/5/02**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

Pres. JEANNE S FREY 5328B LAKEFRONT BLVD DELRAY BEACH, FL

10. 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:

Jeanne Frey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/02

Date

Daytime Phone #

CR2E081 (9/01)

js 11/6