

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000074543

1. Entity Name
THE UPPER EDGE ROOFING, INC.



FILED
06 NOV 15 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1665 W MARTIN LUTHER KING BLVD
RIVIERA BCH, FL 33404

Mailing Address
1556 W 31ST ST
RIVIERA BCH, FL 33404

2. Principal Place of Business

As Above

3. Mailing Address

As above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33404

Country

Palm Beach

Zip

Country

Palm Beach



11092008

REIN-P

CR2E008 (11/05)

06

4. FEI Number
59-3751533

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, LLOYD
1556 W 31ST ST
RIVIERA BCH, FL 33404

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 \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WILSON, LLOYD
1556 W 31ST STREET
RIVIERA BEACH, FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
WILSON, MARY
1556 W 31ST STREET
RIVIERA BEACH, FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500081822925
11/15/06--01049--011 **750.00

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

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeVine Phone #

Prs.

561 312-0803