

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 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100521

1. Corporation Name

BLUE CHIP ROOFING, INC.

Principal Place of Business

Mailing Address

~~5590 SOUTHWEST 28 TERRACE~~
~~FT. LAUDERDALE FL 33312~~

~~5590 SOUTHWEST 28 TERRACE~~
~~FT. LAUDERDALE FL 33312~~



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

2. New Principal Office Address, if Applicable
~~2854 STIRLING ROAD~~

3. New Mailing Office Address, if Applicable
~~2854 STIRLING ROAD~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~SUITE D~~

~~SUITE D~~

City & State

City & State

~~HOLLYWOOD, FL~~

~~HOLLYWOOD, FL~~

Zip

~~33020~~ Country ~~USA~~

~~33020~~ Country ~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2001

5. FEI Number

65-1144199

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
PSTD	MITCHELL, RICHARD A	5590 SOUTHWEST 28 TERRACE 3245 PIERCE STREET	FT. LAUDERDALE FL 33312 HOLLYWOOD, FL 33021

800008563958

10/24/02--01029--006 **158.75

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

RICHARD MITCHELL

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

2854 STIRLING ROAD

Suite, Apt. #, Etc.

SUITE D

City

HOLLYWOOD

State
FL

Zip Code
33020

CR2E040 (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

R. MITCHELL
REGISTERED AGENT MUST SIGN

Date 10/22/2002

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.

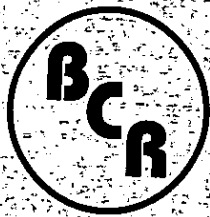
SIGNATURE:

R. MITCHELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2002

Date

Daytime Phone #



BLUE CHIP ROOFING INC.

State Licensed & Insured

October 22, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL

To Whom It May Concern:

Re: PO1000100521 Corporation Registration

Please be advised that our company via mail never received the two prior UBR notices. The application for reinstatement is the first notice that we received regarding this matter.

I am asking that the reinstatement fee be waived due to this error. I am enclosing a check in the amount of \$158.75 to cover the charges for a current UBR and Certificate of Status.

If you have any questions regarding this matter, please feel free to contact me at the number below.

Your immediate attention in this matter would be greatly appreciated.

Sincerely,

Richard Mitchell, President

Blue Chip Roofing Inc