

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P02000034522

1. Corporation Name

BET CONSTRUCTION AND ROOFING SERVICES, INC.

03 OCT 14 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7325 SW 105 TERRACE
MIAMI FL 33156

7325 SW 105 TERRACE
MIAMI FL 33156

JA



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

48-1254176

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SCARDINA, JAMES	7325 SW 105 TERRACE	MIAMI FL 33156

800023830008
10/15/03-01077-006 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VACCARELLA, VINCENT F
C/O ELDER KURZMAN & VACCARELLA PA
601 BRICKELL KEY DR S#401 COURVOISIER CTR
MIAMI FL 33131

Name

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

8191 NW 91 TERR.

Suite, Apt. #, Etc.

BAY #4

City

MEDLEY

State

FL

Zip Code

33166

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]

REGISTERED AGENT MUST SIGN

Date

10/14/03

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

10/14/03 305 805-8868
Date Daytime Phone #

CR2040 (7/03)