

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 24 PM 12:25

DOCUMENT # P02000044878

1. Corporation Name

DOUBLE L ROOFING AND REPAIRS, INC.

Principal Place of Business

4075 PAPAYA ST.  
ORLANDO FL 32822

Mailing Address

4075 PAPAYA ST.  
ORLANDO FL 32822



900024070069  
10/24/03--01016--008 \*\*150.00

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

04/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

68-0500860

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

P

LEWIS, LARRY W

4075 PAPAYA ST.

ORLANDO FL 32822

REINSTATEMENT

03

8. Name and Address of Current Registered Agent

HUYS, GERALD A  
5466 HOFFNER AV.  
ORLANDO FL 32812

9. Name and Address of New Registered Agent

Name

LARRY W. LEWIS

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

4075 PAPAYA ST.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32822

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 10-15-03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Date

Daytime Phone

407  
737-6776

CR2E040 (7/03)

2/2

**DOUBLE L. ROOFING and REPAIRS, INC.**

**LARRY W. LEWIS**

**ORLANDO, FLORIDA 32822**

**(407) 737-6776 Cell (407) 702-7031**

**DATE: 10-15-03**

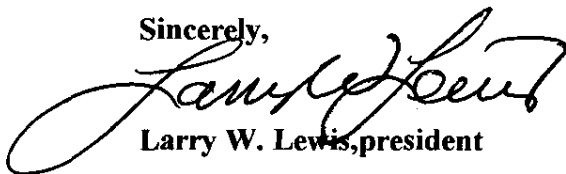
**TO: FLORIDA DEPT. OF STATE**

**To-Whom it May Concern:**

**RE: Reinsatement of corp.**

**I Larry W. Lewis, President of the above corporation just recently spoke with a representative with this department, and I'm sending this letter as directed by him per our conversation. I did not receive the 2003 corp. annual report/uniform business report form. I have enclosed the \$150.00 payment for reinstatement .**

**Sincerely,**



**Larry W. Lewis, president**