

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP -1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000055942**

1. Corporation Name

Rainey's Roofing, Inc.

2. Principal Office Address

2864 Canal Road

Suite, Apt. #, etc.

3. Mailing Office Address

2864 Canal Road

Suite, Apt. #, etc.

City & State

Deland, FL

City & State

Deland, FL

Zip

32720

Country

U.S.A

Zip

32720

Country

U.S.A

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/2002

5. FEI Number

01-0636795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Misty Margrave

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

3742 Cardinal Blvd

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of
Registered Agent

Misty Margrave
REGISTERED AGENT MUST SIGN

Date

8/3/04

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
D	James Rainey	2864 Canal Road	Deland, FL 32720

800040742848
09/01/04--01078--001 **900.00

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:

James Rainey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Rainey

Date

8/26/04 386-804-9118

Daytime Phone #

CR2E081 (01/04)