

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

04 DEC 10 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000070283

1. Corporation Name

Terry Lee Jones Roofing Inc

REINSTATEMENT

03-04

2. Principal Office Address

2827 E. Lake Rd

Suite, Apt. #, etc.

3. Mailing Office Address

2827 E. Lake Rd

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip

34744

Country

USA

Zip

34744

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/2002

5. FEI Number

30-0120027

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Terry Lee Jones

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

2827 E. Lake Rd

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34744

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

12-7-04

REGISTERED AGENT MUST SIGN

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
V	Jamie L. Lawry	2827 E. Lake Rd	Kiss FL 34744
T	Philp E. Dodd	2827 E. Lake Rd	Kiss FL 34744
P	Terry Lee Jones	2827 E. Lake Rd	Kiss FL 34744
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-04

Date

Daytime Phone #