

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 26 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000080941

1. Corporation Name

O'John Roofing

2. Principal Office Address

4291 N Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

4291 N Dixie

Suite, Apt. #, etc.

City & State

Pompano Bch FL

City & State

Pompano Bch FL

Zip
33064

Country
USA

Zip
33064

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/25/02

5. FEI Number

59-2400174

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

Joseph O'John

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

4291 N Dixie Hwy

Suite, Apt. #, Etc.

City

Pompano Bch

State

FL

Zip Code

33064

900076209759
06/15/06--01007--011 **128.75

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

Joseph O'John

Date 5/24/06

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
P	Joseph O'John	4291 N Dixie Hwy	PompanoBchFL33064

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 contained in Chapter 119, 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:

Joseph O'John

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/24/06 954-781-4686

Daytime Phone #