

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 FEB 27 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080941

1. Corporation Name

O'JOHN ROOFING, INC.

600144607646  
02/27/09--01021--009 \*\*450.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

4291 N. Dixie Hwy

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip

33064

Country

3. Mailing Office Address

4291 N. Dixie Hwy

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip

33064

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/2002

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 Beach

State

FL

Zip Code

33064

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 X

JOSEPH O'JOHN

REGISTERED AGENT MUST SIGN

Date Feb 23, 2009

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
PSD	O'John, Joseph	4291 N. Dixie Hwy	Pompano Beach, Florida 33064
VP	O'John, Steven	4291 N. Dixie Hwy	Pompano Beach, Florida 33064

**REINSTATEMENT**

B 2/20/09  
67-09

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*

Joseph O'John, President

Feb 23, 2009

754-366-3187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #