PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000086439

1. Corporation Name

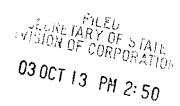
NORECK ROOFING, INC.

Principal Place of Business

Mailing Address

3005 ALTERNATE 19 N PALM HARBOR FL 34683 3005 ALTERNATE 19 N

PALM HARBOR FL 34683



	addresses are incorrect in any way, line				E.			
2.º New Pr	incipal Office Address, If Applicable	3. New Mai	3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 08/09/2002		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For			
City & Stat	е	City & State			177 - 28/65UU7 - HAMMAN		Not Applicable	
Zip	Zip Country		Cou	intry	6. CERTIFICATE OF STATUS DESIRED Contact for a Certificate of Status			
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Flo	orida nonprofit corp	orations must list at l	east 3 directors)			
Title(s) Name of Officers and/or Directors			Str 3			City / State / Zip		
D	NORECK, ROBERT		3005 ALTERNA	ATE 19 N		PALM HARBOR FL 34683		
	,							
		********		· 	·			
			<u> </u>	90023751049 10713/0301063021 **150.00				
					10/13	/U3U1U53U21 **	*150.00	
							· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	8. Name and Address of Curret	nt Registered Ag	ent		9. Name and Address of New Registered Agent			
-		- , -		Name -		्र अप		
NORECK, ROBERT				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
3005 ALTERNATE 19 N PALM HARBOR FL 34683				Street Address (P.O. Box Number is Not Acceptable)				
				Suite, Apt. #, Etc.				
				City	_	State 2	ip Code	
10. I, being	g appointed the registered agent of the a	bove named corp	poration, am familia	r with and accept the	obligations of Sect	tion 607.0505, F.S. or 617.0505, F	.S.	
Signature (Registered	Agent / West	DOL REGISTERED AS	GENT MUST SIGN			Date 10/9/0	13	
	r that I am an officer or director or the reason for dis	ceiver or trustee e	mpowered to execu	ute this application as				

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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

to wrom it may concern; 10/9/03 We recieved a letter from your department saying we were also lived or revoked on september 19, 2003. We didn't recieve the prior Uniform Business Bepart, but we completed the reinstatement form and sent it back. Thank you far your time.