

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000111303

1. Corporation Name

WIDNER ROOFING, INC.

Principal Place of Business

Mailing Address

37437 WARREN AVENUE  
DADE CITY FL 33523

37437 WARREN AVENUE  
DADE CITY FL 33523

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/2002

5. FEI Number

593518122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	WIDNER, ERNEST L	37437 WARREN AVENUE	DADE CITY FL 33523
VSD	WIDNER, SHERRY	37437 WARREN AVENUE	DADE CITY FL 33523

8. Name and Address of Current Registered Agent

WIDNER, ERNEST L  
37437 WARREN AVENUE  
DADE CITY FL 33523

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Ernest L Widner*

REGISTERED AGENT MUST SIGN

Date 10-9-03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sherry Widner* Sherry Widner

Date

10-9-03 352 567-1465

Daytime Phone #

# Widner Roofing

37437 Warren Ave D.C.  
352-567-1465  
Licensed & Insured

Lic# CCC057742

Lee Widner  
Owner Operator

To Whom it may Concern:

I am asking that you waive the penalty to reinstate my corporation I have never received notice of the UBR Report And I had a attorney set up this Corporation I am Enclosing a 50.00 check after speaking to one of your representatives that made me aware I was suppose to have paid it Thank you for your time in this matter

Thank you  
Lee Widner  
813-714-6543

Office 567-1465