

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 22 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000073870

1. Corporation Name:

Oswalt Roofing Inc.

2. Principal Office Address

60910 SE 62nd

Suite, Apt. #, etc.

3. Mailing Office Address

60910 SE 62nd Ct

Suite, Apt. #, etc.

City & State

Trenton, FL

City & State

Trenton, FL

Zip 32693 Country US

Zip 32693 Country US

4. Date Incorporated or Qualified  
To Do Business in Florida

June 27, 2003

5. FEI Number

20-0118809

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

Michael Oswalt

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

60910 SE 62nd Ct

Suite, Apt. #, Etc.

City

Trenton

State  
FL

Zip Code  
32693

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

Michael B. Oswalt

Date 11/1/04

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
<u>P</u>	<u>Michael B. Oswalt</u>	<u>60910 SE 62nd Ct</u>	<u>Trenton, FL 32693</u>
<u>V</u>	<u>Michael Pukilo</u>	<u>1124 SW 115th St</u>	<u>Gainesville FL 32607</u>

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:

Michael B. Oswalt Michael B. Oswalt

Date

11/1/04

Daytime Phone #

352 281-6460

CR2E081 (01/04)