

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 18 AM 10:03

DOCUMENT # P03000108318

1. Corporation Name

Frank Realford Roofing, Inc.

2. Principal Office Address

1991 S. Ronald Reagan Blvd

3. Mailing Office Address

9 Applehill Hollow

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Casselberry, FL

Zip

32701

Country

USA

Zip

32707

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/30/03

5. FEI Number

20-0262994

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 09-06

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

Pat Realford

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

9 Applehill Hollow

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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

*Patricia C. Realford*  
REGISTERED AGENT MUST SIGN

Date

01/13<sup>th</sup>/06

**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	Pat Realford	9 Applehill Hollow	Casselberry, FL 32707

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:

*Patricia C. Realford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/13<sup>th</sup>/06

407-620-2096

Daytime Phone #