

2008 FOR PROFIT CORPORATION  
REINSTATEMENT

DOCUMENT # P04000017430

1. Entity Name  
ELIAS DAVIS ROOFING, INC.



Principal Place of Business  
640 12TH AVE. NORTH  
SAFETY HARBOR, FL 34695

Mailing Address  
640 12TH AVE. NORTH  
SAFETY HARBOR, FL 34695

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12022008 REIN-P CR2E098 (1/07)

4. FEI Number  
30-0242386

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINCH, JOHN K ESQ.  
323 MAIN ST.  
SAFETY HARBOR, FL 34695

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John K. Finch, Esq.*

(NOTE: Registered Agent signature required when reinstating)

DATE

*12-16-08*

FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME DAVIS, ELIAS  
STREET ADDRESS 640 12TH AVE. NORTH  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Elias Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12-16-08*

Date

Daytime Phone #

FILED

08 DEC 18 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12022008 REIN-P CR2E098 (1/07)

4. FEI Number  
30-0242386

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

*800139133998  
12/18/08--01030--006 \*\*158.75*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

*REINSTATEMENT*

TITLE  
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Change  Addition

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Change  Addition

TITLE  
NAME  
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CITY-ST-ZIP

Change  Addition

*08  
M*