

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *Rose Roofing & Construction, Inc*

1. Corporation Name

PO 4000072193

2. Principal Office Address - No P.O. Box #

8244 Weybridge Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32244

Country

USA

3. Mailing Office Address

8244 Weybridge Dr

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32244

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 4, 2004

5. FEI Number

20-1081286

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TEbayane Rose

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

8244 Weybridge Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32244

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

TEbayane Rose

REGISTERED AGENT MUST SIGN

Date *Nov 7-2008*

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 |
|----------|--------------------------------------|---|------------------------|
| PT SV | TEbayane Rose | 8244 Weybridge Dr | Jacksonville, FL 32244 |
| | | | |
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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:

TEbayane Rose TEbayane Rose

Date

Nov. 7, 2008

Daytime Phone #

904-874-5290

FILED

2008 NOV 10 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S00137791539
11/10/08--01054--008 **300.00

REINSTATEMENT

CR2E081 (10/08)

07-08