

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 13 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000096581

1. Corporation Name

Central Florida Roofing Consultants, Inc.

**REINSTATEMENT** 08-09

900162752419  
11/12/09--01005--005 \*\*780.00

CR2E081 (10/09)

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

470 Douglas Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Zip

Country

34677

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/24/2004

5. FEI Number

651237790

☐ 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

Linda Crecca

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

3595 Fairway Forest Drive

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685



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 section 617.0503, F.S.

Signature of  
Registered Agent

Date

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
P	Linda Crecca	3595 Fairway Forest Dr	Palm Harbor, FL 34685

900162752419  
11/12/09--01010--021 \*\*120.00

10. E-mail Address:

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

*Linda Crecca*  
Linda Crecca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/09

Date

727-224-2322

Daytime Phone#

NOV 13 2009