

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 OCT 24 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000118373

**1. Corporation Name**

SAMUEL RICHARDS JR ROOFING INC

**2. Principal Office Address**

1235 NE 145th St  
Suite, Apt. #, etc.

**City & State**

Miami, FL 33161

**Zip**

33161

**Country**

DADE

**3. Mailing Office Address**

1235 NE 145th St  
Suite, Apt. #, etc.

**City & State**

**Zip**

33161

**Country**

DADE

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/16/2004

**5. FEI Number**

55-0883784

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**

Samuel Richards Jr

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

1235 NE 145th St

**Suite, Apt. #, Etc.**

**City**

Miami

**State**

FL

**Zip Code**

33161

**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

Samuel Richards Jr.

Date

10/18/06

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	<u>Samuel Richards Jr</u>	<u>1235 NE 145th St</u>	<u>Miami, FL 33161</u>
	<u>N/A</u>		

400081058154  
10/20/06--01008--010 \*\*300.00

**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:

Samuel Richards Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/06

Daytime Phone #

• • • SAMUEL RICHARDS JR ROOFING INC.  
1235 NE 145<sup>TH</sup> ST.  
MIAMI, FL. 33161  
PHONE (786) 287-4744  
CC# 14535  
LICENSED & INSURED

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DATE: 10/18/2006

To Whom It May Concern:

I, the under sign hereby state that due to fact that I was relocated from previous address (18610 NW 5<sup>th</sup> Ave to 1235 NE 145<sup>th</sup> St.

I, did not receive my renewal notice for my corporation.

I hereby asking for a pardon in reference of penalties and the late fees to be remove.

With thanks.

Yours respectfully.

*Samuel Richards Jr*

Samuel Richards Jr  
1235 NE 145<sup>th</sup> St. Miami, Fl. 33161  
Phone # (786) 287-4744