

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUL 16 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P040000123672

1. Corporation Name

DITMARS ROOFING AND SHEET METAL CONTRACTORS
CORP

100106208791
07/16/07--01071--012 **458.75

REINSTATEMENT
CR2E081 (7/07)

05-07

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

3982 WESTCHESTER WAY

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33436

Country

USA

3. Mailing Office Address

3982 WESTCHESTER WAY

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33436

Country

USA

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

8/26/2004

5. FEI Number

20-1704294

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

WYANT-CORTEZ, V. CLAIRE ESQUIRE

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

860 US HIGHWAY ONE

Suite, Apt. #, Etc.

SUITE 108

City

NORTH PALM BEACH

State

FL

Zip Code

33408

☒ 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

V. Claire Cortez

REGISTERED AGENT MUST SIGN

Date 7/13/07

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
Pres.	ANTHONY DESABATO	3982 WESTCHESTER WAY	BOYNTON BEACH, FL 33436

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:

Anthony Desabato

ANTHONY DESABATO

7/10/07

917/578-6185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/07