

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 005000147087

1. Corporation Name

MASSIVE Roofing Systems Inc

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

2451 Brookshire Cir

Suite, Apt. #, etc.

City & State

West Melbourne FL

Zip

32904

Country

Brevard

3. Mailing Office Address

2451 Brookshire Cir

Suite, Apt. #, etc.

City & State

West Melbourne FL

Zip

32904

Country

Brevard

000175471750  
04/13/10--01003--011 \*\*450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

11-02-05

5. FEI Number

203728307

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

Robert Boyda

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

2451 Brookshire Cir.

Suite, Apt. #, Etc.

City

West Melbourne

State

FL

Zip Code

32904

☒ 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

*Robert Boyda*

REGISTERED AGENT MUST SIGN

Date 4-6-10

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.	Robert Boyda	2451 Brookshire Cir	West Melbourne FL 32904
Vice pres	Margaret Boyda	2451 Brookshire Cir	West Melbourne FL 32904
		4/13	

10. E-mail Address: Robert boyda@yahoo.com

(To be used for future annual report notification)

11. 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. 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:

*Robert Boyda*

Robert Boyda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-10

Date

(954) 867-6762

Daytime Phone #