

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -9 AM 10: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000022327

1. Corporation Name

JDS Roofing INC.

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

424 Dairy Ave.

3. Mailing Office Address

424 Dairy Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine , FL /38084

City & State

St. Augustine , FL /38084

Zip

32084

Country

US

Zip

32084

Country

US

7. Name and Address of Current Registered Agent

Name

Joseph D. Smallwood

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

424 Dairy Ave.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

Joseph D. Smallwood

Date 05/13/09

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
PTD	Joseph D. Smallwood	424 Dairy Ave.	St. Augustine , FL /38084
VPD	James Smallwood	424 Dairy Ave.	St. Augustine , FL /38084
SEC	Daniel Biddle	515 Arricola Ave.	St. Augustine , FL /38080

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 807.0401 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:

Joseph D. Smallwood

Joseph D. Smallwood

05/13/09

904-669-8414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

100156944401
06/09/09--01029--004 **150.00

~~100156253813~~
05/22/09--01009--006 **150.00
CR2E081 (12/08)

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida 02/13/2006

5. FEI Number
204347693

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.