

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 27 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0600010567

1. Corporation Name

Holmes & Sons Roofing/Painting, Inc.

REINSTATEMENT 07-09

700147717307
03/27/09--01003--022 **451.00
CR2E081 (12/08)

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

7471 NW 42nd Ct

Suite, Apt. #, etc.

3. Mailing Office Address

7471 NW 42nd Ct

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Lauderhill, FL

Zip Country

33319 US

Zip Country

33319 US

4. Date Incorporated or Qualified
To Do Business in Florida

8/3/2006

5. FEI Number

20-4392061

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 Cynthia Holmes

Street Address (P.O. Box Number is Not Acceptable)
7471 NW 42nd Ct

Suite, Apt. #, Etc.

City Lauderhill

State FL

Zip Code 33319

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 [Signature]

REGISTERED AGENT MUST SIGN

Date 3/25/09

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.	Willie Holmes, Jr.	2995 NW 6th Ct Ft. Lauderdale, FL 33311	Ft. Lauderdale, FL 33311
Vp.	Willie Holmes, Jr.	7471 NW 42nd Ct	Lauderhill, FL 33319
S	Franklin Holmes	7471 NW 42nd Ct	Lauderhill, FL 33319
		<u>[Signature]</u>	

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/09 754 422 3153
Date Daytime Phone #