

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR -2 PM 4:43

DOCUMENT # P07000110361

1. Corporation Name

Landis Roofing Services, Inc.

800171026508
03/02/10--01040--002 **450.00

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

4215 N. Major Dr.,

Suite, Apt. #, etc.

814

City & State

Beaumont, TX

Zip

77713

Country

USA

3. Mailing Office Address

4215 N. Major Dr.,

Suite, Apt. #, etc.

814

City & State

Beaumont, TX

Zip

77713

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

10-5-07

5. FEI Number

02-0814481

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

David Aronson

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

1000 NE 176 St.,

Suite, Apt. #, Etc.

City

N. Miami Beach,

State

FL

Zip Code

33162

☒ 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

David Aronson

Date 2/22/10

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
President	Joel H. Landis	4215 N. Major Dr., #814	Beaumont, TX 77713

REINSTATEMENT

10. E-mail Address: joellandis@comcast.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel H. Landis

Date

2-19-10 954-654-4464

Daytime Phone #