

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

NOV -7 PM 12 43

DOCUMENT # P07000124425

1. Corporation Name

Just Roofs, Inc

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

2256 Brentfield rd

Suite, Apt. #, etc.

3. Mailing Office Address

2256 Brentfield rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

U.S

City & State

Jacksonville, FL

Zip

32225

Country

U.S

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2007

5. FEI Number

26-1432900

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

Tracy Potter

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

2256 Brentfield rd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

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 10-30-19

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
<u>ID</u>	<u>Tracy Potter</u>	<u>2256 Brentfield rd</u>	<u>Jacksonville, FL 32225</u>
<u>VP</u>	<u>Dale Potter</u>	<u>8872 Monroe Ave</u>	<u>Jacksonville, FL 32208</u>

REINSTATEMENT

NOV 7 2019

R. HUNT

10. E-mail Address: justroofs@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature] Tracy Potter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/19

Date

904 82409373

Daytime Phone #