

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13000026238

1. Corporation Name

Weatherproof Roofing of Florida, Inc.

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

317 John King Road

Suite, Apt. #, etc.

3. Mailing Office Address

317 John King Road

Suite, Apt. #, etc.

City & State

Crestview, Florida

City & State

Crestview, Florida

Zip

32539

Country

USA

Zip

32539

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

January 23, 2008

5. FEI Number

26-1818848

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ yes

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

David Edenfield

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

317 John King Road

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32539

100321580561
12/03/18--01003--001 **750.00

100321580561
12/03/18--01003--002 **300.00

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 Edenfield

Date **November 30, 2018**

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
P	David Edenfield	317 John King Road	Crestview, FL 32539

REINSTATEMENT

10

2016-2018

10. E-mail Address: **GWroofing1@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:

David Edenfield

David Edenfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 30, 2018

850-255-7610

Date

Daytime Phone #