

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 OCT -8 A 4 27

MOBILE ARMY OF COMMERCIAL
TALLAHASSEE, FLORIDA

DOCUMENT # P17002039182

i. Corporation Name

STRICKLAND ROOFING & HOME
SERVICES INC

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

3111 N OCEAN DR

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

Zip

33019

Country

FLORIDA

Zip

Country

CR2E021 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

92.1388510

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

PATRICK QUINN MAGUIRE

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

1200 SOUTH PINE ISLAND DR

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33374

10/03/10 01001-0015 07750.00
300319510953
10/09/10-01001-0015 **750.00

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

PATRICK QUINN MAGUIRE

Date 10-08-2013

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	PATRICK MAGUIRE	831 QUEEN RD	ST. AUGUSTINE FL 32080
D	MICHAEL A. MARTIN	7191 NW 154th Lane	CHULAHATTA FL 32626

10. E-mail Address: BUILDERS61@BELLSOUTH.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., 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:

MICHAEL A. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-08-2013 352 444 6583

Date

Daytime Phone #