

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -9 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000000036**

1 Corporation Name

LENOX ROOFING CORPORATION OF FLORIDA, INC.

Principal Place of Business

2250 LUCIEN WAY
SUITE 100
MAITLAND FL 32751

Mailing Address

2250 LUCIEN WAY
SUITE 100
MAITLAND FL 32751

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1992

5. FEI Number

59-3146533

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	VEVERKA, CARL	240 SUMMERWOOD TRAIL	MAITLAND FL 32751
D	VEVERKA, NANCY	240 SUMMERWOOD TRAIL	MAITLAND FL 32751

200002025712--5
-12/11/96--01027--019
****375.00 ****375.00

JB 12-9-96

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name Nancy Veverka
Street Address (P.O. Box Number is Not Acceptable)
240 Summerwood Trail
Suite, Apt. #, Etc.
City Maitland State FL Zip Code 32751

10. I, John J. Masters, appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

John J. Masters

Date 10-11-96

December 5, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Carl Veverka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-96

Date

770-552-4400

Daytime Phone #