

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 16 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003390

1. Corporation Name

ABSOLUTE ROOFING OF ORLANDO, INC.

Principal Place of Business

Mailing Address

33 W. MCKEY ST.
OCOEEE FL 34761
US

33 W. MCKEY ST
OCOEEE FL 34761
US

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

Suite, Apt. #, etc.

33 W. MCKEY ST

Suite, Apt. #, etc.

P.O. Box 673

City & State

OCOEEE

City & State

OCOEEE

Zip

FL

Country

Orange

Zip

FL

Country

34761

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1992

5. FEI Number

59-3152855

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	HAIL, JOHN	624 GALLEGO AVENUE	OCOEEE FL 34761
D	MCKEY, RICHARD	624 GALLEGO AVENUE	OCOEEE FL
D	HALL, BONNI	624 GALLEGO AVE.	OCOEEE FL 800002033008--2 -12/18/96--01105--021 *****8.75 *****8.75
.			800002033008--2 -12/18/96--01105--022 *****375.00 *****375.00 12-17-96

8. Name and Address of Current Registered Agent

MCPHERRON, RICHARD
5872 NNW 191 LANE RD.
ORANGE LAKE FL 32681

9. Name and Address of Now Registered Agent

Name: Bonni Hall
Street Address (P.O. Box Number is Not Acceptable):
33 W. MCKEY ST.
Suite, Apt. #, Etc.

City: OCOEE

State: FL

Zip Code: 34761

10. I, being 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

Bonni Hall
REGISTERED AGENT MUST SIGN

Date: 12-2-96

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:

Bonni Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-96
Date

407-6544372
Daytime Phone #