

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JUN -6 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P920000099141**

1. Corporation Name

Statewide Roofing Consultants Inc.

2. Principal Office Address

11517 NW 20th Court

Suite, Apt. #, etc.

City & State

Coral Springs, Fl.

Zip

33071

Country

3. Mailing Office Address

11517 NW 20th Ct.

Suite, Apt. #, etc.

City & State

**Coral Springs
Florida, 33071.**

Zip

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

65-0373236

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

Salvatore Rinaldi.

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

11517 NW 20th Court.

Suite, Apt. #, Etc.

City

Coral Springs, Fl. 33071.

State

FL

Zip Code

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

Salvatore Rinaldi.

REGISTERED AGENT MUST SIGN

Date

4/30/2000

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 |
|------------|--------------------------------------|---|-----------------------|
| Pres | Salvatore Rinaldi | 11517 NW 20th Court | Coral Spr., Fl. 33071 |
| V. Pres | Carl Rose | 3307 NW 108th Dr. E | Coral Sprs Fl. 33065 |
| Secy/Treas | Salvatore Rinaldi | 11517 NW 20th Court. | Coral Sprs Fl. 33071 |
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LS

10. 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:

Salvatore Rinaldi - Salvatore Rinaldi.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/2000

Daytime Phone #

954-255-9133

CR2E081 (9/99)