

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 NOV -6 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #  
1. Corporation Name Reliable Roofing and Gutters, Inc.

# P92000010757

800162570348  
11/06/09--01038--002 \*\*158.75

**REINSTATEMENT** CR2E081 (10/09) 09

2. Principal Office Address- No P.O. Box #  
1832 Wabasso Dr.  
Suite, Apt. #, etc.

3. Mailing Office Address  
15740 Sunward St.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
~~1995~~ 12-10-92

City & State  
West Palm Bch, Fl.  
Zip 33409 Country USA

City & State  
Wellington, Fl.  
Zip 33414 Country USA

5. FEI Number  
650375138  
 Applied For  
 Not Applicable

7. Name and Address of Current Registered Agent  
Name  
Herbert Heinz Frank  
Street Address (P.O. Box Number is Not Acceptable)  
15740 Sunward Street  
Suite, Apt. #, Etc.  
City Wellington State FL Zip Code 33414

6. CERTIFICATE OF STATUS DESIRED  \$8.75 additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.  
Signature of Registered Agent [Signature] Date Nov 5 2009  
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
POT	Herbert H. Frank	15740 Sunward St.	Wellington, Fl 33414
VSD	Judith Frank	15740 Sunward St.	Wellington, Fl 33414
VD	Arthur Frank	1852 Wabasso Dr.	West Palm Bch, Fl 33409

10. E-mail Address: jkfrank315@aol.com  
(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. 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.

SIGNATURE: [Signature] Herbert H. Frank  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 11/5/09 Daytime Phone# 561-308-3000