

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058386

1. Corporation Name Tough Roofing Company Incorp.

REINSTATEMENT 09-10
CR2E081 (11/09)

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

20430 N.W. 24th ct

Suite, Apt. #, etc.

3. Mailing Office Address

20430 N.W. 24th ct.

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

City & State

Miami Gardens, FL

Zip

33055

Country

U.S.A.

Zip

33055

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

8-19-1993

5. FEI Number

650427899

☐ 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

Jeffers Walker

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

20430 N.W. 24th ct

Suite, Apt. #, Etc.

City Miami Gardens

State FL

Zip Code 33055

☐ 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.

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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

Jeffers Walker
REGISTERED AGENT MUST SIGN

Date 3/9/2010

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	JEFFERS WALKER	20430 N.W. 24th ct	Miami Gardens, FL
VP	Thomas WALKER	20430 N.W. 24th ct	Miami Gardens, FL
VPDS	Thomas WALKER	20430 N.W. 24th ct	Miami Gardens, FL
D	Thomas WALKER	20430 N.W. 24th ct	Miami Gardens, FL
		<u>03/16</u>	

10. E-mail Address:

(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., 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:

Jeffers Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2010 305.710.9299

Date

Daytime Phone #