

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV -8 AM 11:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93 0000 8 2613**

1. Corporation Name

**Tom Anderson Roofing Inc**

Principal Place of Business

Mailing Address

**P.O. Box 291601  
 DAVIE, FL 33329-1601**

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

4. Date Incorporated or Qualified To Do Business in Florida

**11/24/93**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
pres	James Keller	7390 ARTHUR ST	Hollywood FL 33024
			300003052953--8 11/23/99--01047--001 ***1050.00 ***1050.00
			REINSTATEMENT 97-99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Pat Keller  
 7390 ARTHUR ST  
 HOLLYWOOD FL 33024**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b>
	Zip Code

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

**Pat Keller**

REGISTERED AGENT MUST SIGN

Date **9/20/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

**James W Keller**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**James W Keller**

**9/20/99**  
 Date

**9549664807**  
 Daytime Phone #

CR2E081 (12/98)