

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -8 PM 3:56

DOCUMENT # P93000083359

1. Corporation Name

JACA BROTHERS ROOFING COMPANY

REINSTATEMENT

03-06

2. Principal Office Address

1540 NE MIAMI CT

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 43-2200

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

MIAMI FLA

Zip

33137

Country

US

Zip

33243-2200

Country

USM

4. Date Incorporated or Qualified  
To Do Business in Florida

12-07-93

5. FEI Number

650452294

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

FREDERICK JACA

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

1540 NE MIAMI CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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

*Frederick Jaca*  
REGISTERED AGENT MUST SIGN

Date

1 DEC 06

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	FREDERICK JACA	1540 NE MIAMI CT	MIAMI FLA 33137

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 contained in Chapter 119, 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:

*FREDERICK JACA*  
*Frederick Jaca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 DEC 06

Date

305-667-8030

Daytime Phone #

055

2 of 2

# JACA BROTHERS ROOFING CO. INC.

ROOFING CONTRACTORS

P.O. BOX 43-2200, MIAMI, FLA 33243  
TELEPHONE (305) 667-8030 • FAX (305) 667-8019

1 DEC 06

SUBJECT: REINSTATEMENT FEE

REQUEST WAIVER OF REINSTATEMENT FEE DO TO THAT WE DID NOT  
RECEIVE ANNUAL REPORT NOTICES AT THE YEAR OF  
DISSOLUTION/REVOCATION. 2003

DOC# P93000083359



FREDERICK JACA  
JACA BROTHERS ROOFING