

APPLICATION
FOR
REINSTATEMENT



Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PG410000105257

1. Corporation Name M3M Roofing Services Inc.

Principal Place of Business

Mailing Address

Principal Place of Business Mailing Address

4090 122nd Drive North
West Palm Beach Florida
33411

If above addresses are incorrect in any way, line through incorrect information and enter correct one below.

2 New Principal Office Address, If Applicable

4090 122nd Dr. N.
Suite, Apt. #, etc.
West Palm Beach
City & State

21 53411 Country USA

3 New Mailing Office Address, If Applicable:

4090 1st Dr. No.
Suite, Apt. #, etc
West Palm Beach
City & State Florida

ZIP 33411 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. **FEES** Numbers

650517618

CERTIFICATE OF STATUS DE SINE

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Steven J. Monsie	4413 NW 73rd St	Tamarac Florida 33321
Vice Pres.	William F. Munker	4090 122nd Dr. N.W. P.B.	West Palm Beach FL 33411
Secy.	Michelle K. Munker	4090 122nd Dr. N.W. P.B.	West Palm Beach FL 33411

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 -03/29/99-01093-008
 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

Michelle Munkler
4090 122nd Dr. North
West Palm Beach, Fla.
33411

9. Name and Address of New Registered Agent

Name Michelle K Munk
Street Address (P.O. Box Number is Not Acceptable)
4000 1st St
Suite, Apt. #, Etc.
West Palm Beach
City FL

State | Zip Code
FL | **33411**

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

Michelle K Munka
REGISTERED AGENT MUST SIGN

Date _____

1-25-99

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

{Date}

Daytime Phone #

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