

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 30 PM 3:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067400**

1. Corporation Name

MILL CREEK ROOFING, INC.

Principal Place of Business

Mailing Address

3910 RUES LANDING RD
 ST AUGUSTINE FL 32084

3910 RUES LANDING RD
 ST AUGUSTINE FL 32084



REINSTATEMENT 00

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

09/09/1994 **SP**

Suite, Apt. #, etc.

360 Oakridge Trail
 City & State

Suite, Apt. #, etc.

360 Oakridge Trail
 City & State

5. FEI Number

59-3300448

Applied For

Not Applicable

Zip
 32092

Country

Zip
 32092

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	4 City / State / Zip
PD	ARNETT, VIRGIL D	3910 RUES LANDING RD	ST AUGUSTINE FL 32084
STD	MULLIS, JOHN <i>Please Delete</i>	2115 COUNTY RD 13-A N	ST AUGUSTINE FL 32092
			200003472612--3 -11/21/00--01057--017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ARNETT, VIRGIL D
 3910 RUES LANDING RD
 ST AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Virgil D. Arnett

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/27/00

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 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:

Virgil D. Arnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/27/00

Daytime Phone # 904.522.0449

CR2E040 (9/00)