

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 FEB -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088.605

1. Corporation Name

Chyles Roofing Inc.

Principal Place of Business

7207 Blossom Ave.
Tampa, FL 33614

Mailing Address

P.O. Box 153184
Tampa, FL 33684

400002771324--3
-02/10/99--01042--012
****473.75 ****473.75

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-5-94

5. FEI Number

59-3288584

Applied For

Not Applicable

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
P/D/T	William M. Chyle	7207 Blossom Ave	Tampa, FL 33614
D	ALFREDO BURIA	1703-29TH AVE.	Tampa, FL 33605
D	JAMES SPRUELL	7602 NEW YORK AVE.	Tampa, FL 33619

8. Name and Address of Current Registered Agent

FRANCES WICK
MAR-WICK INC.
2910 W. ST. JOHN
Tampa, FL 33607

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

Frances Wick

REGISTERED AGENT MUST SIGN

Date

1/29/99

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:

William M. Chyle - William M. Chyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99
Date

813-972-2959
Daytime Phone #