

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR *REINSTATEMENT*



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV -4 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000033583**

1. Corporation Name

**CAPITAL ROOFING OF DAVIE, INC.**

Principal Place of Business

Mailing Address

5800 SOUTHWEST 43RD STREET  
DAVIE FL 33314

5800 SOUTHWEST 43RD STREET  
DAVIE FL 33314



500001995055--4

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

2. New Principal Office Address, If Applicable

*5900 SW 43 ST.*

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/1985

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

*Davie Fla.*

City & State

Zip

*33314*

Country

*USA*

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	Melanie K. Davis	5640 SW 188 Ave	Ft. Laud. Fla. 33332
V.P.	Lester A. Davis	5640 SW 188 Ave	Ft. Laud. Fla. 33332
Director	Barney V. Shirley	5120 SW 172 Ave	Ft. Laud. Fla. 33331

**REINSTATEMENT** *1996*  
*D. Davis*

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name **CORPROATION SERVICE COMPANY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**  
Suite, Apt. #, Etc.  
City **TALLAHASSEE** State **FL** Zip Code **32301**

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.

**CORPORATION SERVICE COMPANY**  
Signature of Registered Agent *Laura E. Dunlap* **LAURA E. DUNLAP, REGISTERED AGENT**  
REGISTERED AGENT MUST SIGN

Date *11-4-96*

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Melanie K. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Melanie K. Davis*  
Date *11-4-96* Daytime Phone # *934-0632*

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-221-9171  
904-222-0393 FAX

800-342-8086



ACCOUNT NO. : 072100000032  
REFERENCE : 142324 5034137  
AUTHORIZATION : *Patricia Pyjette*  
COST LIMIT : \$ 375.00

ORDER DATE : November 4, 1996  
ORDER TIME : 9:33 AM  
ORDER NO. : 142324-005  
CUSTOMER NO: 5034137  
CUSTOMER: Mr. Barney Shirley  
Capital Roofing Of Davie, Inc.  
5900 S.w. 43rd Street  
Davie, FL 33314

DOMESTIC FILINGS

NAME: CAPITAL ROOFING OF DAVIE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap  
EXAMINER'S INITIALS *Carina*

RECEIVED  
96 NOV 21 10:42  
DIVISION OF REGISTRATION  
10-11-96