PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	

99 JUN 25 AM 7: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059203

1. Corporation Name

Gator Roofmasters Inc

W99000002975

REINSTATEMENT 96-99

Principal Place of Business	Mailing Address
Dade County	PO Box 3030 FLA City FLA 33034

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 4 day Aug 1995
Suite, Apt. #, etc.	Suite, Apt. #, etc	5. FEI Number 65 05 99678
City & State	City & State	Applied For / Not Applicable
Zip	Country	Zip	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	George A Burns	14901 SW 396 St Florida City 33035	Florida City, FL
S/T	Ruth Roth	14901 SW 396 St	Florida City, 33035
			700002927787--1 -07/09/99--01089--021 ***1208.75 ***1208.75
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
George Allen Burns	Name George A Burns Street Address (P.O. Box Number is Not Acceptable) PO Box 3030 Fla City FLA 33034 Suite, Apt. #, Etc. 14901 SW 396 ST 33035 City Miami Fla State FL Zip Code 33035

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 _George A Burns_ REGISTERED AGENT MUST SIGN   Date 6/16/99

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.

George Allen Burns

SIGNATURE: _George Allen Burns_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 6/16/99   Daytime Phone #

CRZE081 (12/98)