

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS**

FILED

03 OCT 16 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000085237**

1. Corporation Name

**STAY-DRY ROOFING OF TAMPA BAY INC.**

Principal Place of Business

Mailing Address

3519 E 7TH AVE  
TAMPA FL 33605  
US

3519 E 7TH AVE  
TAMPA FL 33605  
US

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

11/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3359416

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
OP	FLORES, DENNIS R	9007 HAYMARKET ST	ODESSA FL 33556
<del>VP</del>	<del>KIRK, LISA K</del>	<del>7508 WINGING WAY</del>	<del>TAMPA FL 33615</del>
<del>S</del>	<del>KIRK, RONALD W JR</del>	<del>7508 WINGING WAY</del>	<del>TAMPA FL 33615</del>
T	FLORES, DANIEL	9007 HAYMARKET LN	ODESSA FL 33556
			400023856294 10/16/03--01054--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLORES, DENNIS  
9007 HAYMARKET ST  
ODESSA FL 33556

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-9-03

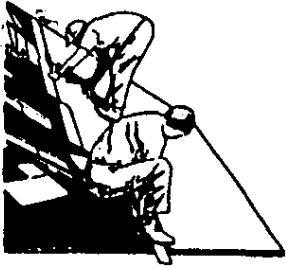
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03 (813)248-1723  
Date Daytime Phone #

CR2E040 (7/03)



*"We've Got You Covered"*  
**Stay-Dry Roofing**

*of Tampa Bay, Inc.*

Free Estimates  
Residential and Commercial  
All Types Of Roofing Work

**DANNY FLORES**  
Lic. # CCC057980  
Phone 813-248-1723  
Fax 813-248-3353  
Bonded and Insured

3519 E. 7th Avenue

Tampa, Florida 33605

Florida Department of State  
Division of Corporations

10/10/03

~~RE: Reinstatement of Corporation~~

To Whom It May Concern:

Please be advised that Stay-Dry Roofing of Tampa Bay, Inc. did not receive its 2003 Corporation Annual Report. Please except enclosed check (#13133) for the reinstatement of this report, to include the following changes to officers of the corporation. Stay-Dry Roofing of Tampa Bay, Inc. has filed its annual report in a timely manner since its inception. Please call if we may be of further assistance in this matter.

Sincerely I Remain,

Dennis R. Flores

President

Stay-Dry Roofing of Tampa Bay, Inc.