

APPLICATION
FOR
REINSTATEMENT



FILED

97 DEC 17 PM 4: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000011056

1. Corporation Name

CHAMPION ROOFING SERVICES, INC.

Principal Place of Business
5734 SPRING PARK RD.
JACKSONVILLE FL 32207

Mailing Address **PARK**
3734 SPRING **(PARK)** RD.
JACKSONVILLE FL 32207

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

02/01/1996

Sulte, Apt. #, etc.

Suite, Apt. #, etc.

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WIEDENHOEFT, CHRISTOPHER J	3927 OLYMPIA LANE 3734 SPRING PARK RD.	JACKSONVILLE FL 32223-32207 100002880651-5 -12/23/97--01063--023 ****750.00 ****750.00
		REINSTATEMENT	97 9-12-19-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURPHY, ROBERT W. CARIS WIEDENHOFF
3215 HENDRICKS AVE. 3734 SPRING PARK RD.
SUITE 2 JACKSONVILLE FL
JACKSONVILLE FL 32207 32207

Name ADOLF CHRIS WIEDENHOFF

Street Address (P.O. Box Number is Not Acceptable)
3734 SPRING PARK RD.

Suite, Apt. #, Etc. SA

City JACKSONVILLE FL State FL Zip Code 32207

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**

REGISTERED AGENT MUST SIGN

Date 12/15/91

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dalcroze

Daytime Phone # _____

CR2E040 (8/97)