

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 19 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000013211

1. Corporation Name

AVONDALE ROOFING & WATERPROOFING, INC.

2. Principal Office Address

1769 Glendale Street

Suite, Apt. #, etc.

3. Mailing Office Address

1769 Glendale Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32205

Country

USA

Zip

32205

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/96

5. FEI Number

593360286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MILLER JOINER

Street Address (P.O. Box Number is Not Acceptable)

1769 Glendale Street

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32205

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Miller Joiner

REGISTERED AGENT MUST SIGN

Date 7/18/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MILLER JOINER	1769 Glendale Street	Jacksonville, FL 32205
DD	ROBERT REEVES	1769 Glendale Street	Jacksonville, FL 32205

100006531951--8

10. 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:

Miller Joiner

Miller Joiner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/18/02

Daytime Phone #

904-388-4777

CR2E081 (9/01)



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ACCOUNT NO. : 072100000032

REFERENCE : 670406 7180471

AUTHORIZATION : Patricia Pignatelli

COST LIMIT : \$ 1208.75

ORDER DATE : July 19, 2002

ORDER TIME : 11:03 AM

ORDER NO. : 670406-005

CUSTOMER NO: 7180471

CUSTOMER: Arnold D. Tritt, Esq
Tritt & Franson
865 May St.
Jacksonville, FL 32204

DOMESTIC FILINGS

NAME: AVONDALE ROOFING &
WATERPROOFING, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS _____

RECEIVED
02 JUL 19 PM 12:58
DIVISION OF CORPORATION