PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPLICATION FOR REINSTATEMENT

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

FILED
Aug 18 1998 8:00 am
Secretary of State

TALLAHASSEE, FLORIDA

DOCUMENT # **P96000036873**

1. Corporation Name
FRANK WALES ROOFING, INC.

Principal Place of Business	Mailing Address
1450 PALOMINO WAY OVIEDO FL 32765	1450 PALOMINO WAY OVIEDO FL 32765

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida **04/24/1996**

5. FEI Number 59-3382582 — Applied For / Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	WALES, FRANK III	1450 PALOMINO WAY	OVIEDO FL 32765
~~X~~ P	WALES, PAULA R	1450 PALOMINO WAY	OVIEDO FL 32765

B 7/13
97-98

800002619618--0
-08/19/98--01024--002
****323.75 ****323.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WALES, PAULA R 1450 PALOMINO WAY OVIEDO FL 32765	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/97)

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 Paula R. Wales — Date 4-8-98
REGISTERED AGENT MUST SIGN

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: Paula R. Wales — 4-8-98 — 407 365-8586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Aug. 12, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314
Attn: Tyrone Scott

Mr. Scott,

As per our phone conversation last week, enclosed is a check in the amount of $323.75. Please waive our late fees as we did not receive our 1997 annual report. Also, please return our previous payment.

Thank you,
Paula R. Wales
(407) 365-8586
Fax: (407) 359-7181