

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

DOCUMENT # P96000036873

1. Corporation Name

FRANK WALES ROOFING, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business

1450 PALOMINO WAY
OVIEDO FL 32765

Mailing Address

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3382582

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)

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	WALES, FRANK III	1450 PALOMINO WAY	OVIEDO FL 32765
Xp	WALES, PAULA R	1450 PALOMINO WAY	OVIEDO FL 32765

TS 2/13
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

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

REGISTERED AGENT MUST SIGN

Date

4-8-98

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-98

Date

407 365-8586

Daytime Phone #

CR2040 (8/97)

Aug. 12, 1998

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