

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED
097 NOV 20 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000046361

1. Corporation Name

CASCADE ROOFING, INC.

Principal Place of Business

1801 NW 32ND ST BAY 12
POMPANO BEACH FL 33069

Mailing Address

1801 NW 32ND ST BAY 12
POMPANO BEACH FL 33069



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1996

5. FEI Number

65-0670791

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)

| 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 |
|---------------|---|--|-------------------------|
| PP | CRAFT, JIMMY | 1901 NW 32ND ST BAY 12 | POMPANO BEACH FL 33069 |
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****758.75 ****758.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

FERDINAND & SULLIVAN, P.A.
100 W CYPRESS CREEK RD SUITE 910
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name James Craft
Street Address (P.O. Box Number Is Not Acceptable)
1901 NW 32 St #12
Suite, Apt. #, Etc. Suite 12
City Pompano Beach State FL Zip Code 33064

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

James M. Craft
REGISTERED AGENT MUST SIGN

Date 11/17/97

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:

James M. Craft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-97 954 979-6697
Date Daytime Phone #

CP2E040 (8/97)