

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra M. Hamm  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -3 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000046361 (7)

1 Corporation Name

Cascade Roofing, Inc.

Principal Place of Business

1901 NW 32 St., Bay 12  
Pompano Bch., Fla. 33069

Mailing Address

1901 NW 32 St., Bay 12  
Pompano Bch., Fla. 33069

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

2 New Principal Office Address, If Applicable

1940 NW 18 Street  
Suite # 1

3 New Mailing Office Address, If Applicable

1940 NW 18 Street  
Suite # 1

4 Date Incorporated or Qualified  
To Do Business in Florida

5/31/1996

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
P	Craft, Jimmy	1940 NW 18 St., Ste. #1	Pompano Bch., Fla. 33064

000003045980--4  
-11/16/99--01079--009  
\*\*\*\*158.75 \*\*\*\*158.75

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

Name Jimmy Craft  
Street Address (P.O. Box Number is Not Acceptable)  
1940 NW 18 Street  
Suite, Apt. or Etc. Suite # 1  
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

*Jimmy Craft*

REGISTERED AGENT MUST SIGN

Date 11/2/99

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 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

11/2/99

Date

954-979-6697

Daytime Phone #

CR2E040 (1/99)

2

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CASCADE ROOFING, INC.

1940 NW 18 STREET  
BAY 1  
POMPANO BEACH, FL 33064  
954-979-5697

November 1, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fla. 32314

To Whom it may concern,

We did not receive our Profit Corporation Annual Report due to our business moving locations. Can you please re-instate our Corporation Report. Can you also waive all penalties, please. Thank you for your cooperation. If you have any questions, please call me. 1-800-392-9081.

Sincerely,

  
James M. Craft