

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000044683**

1. Corporation Name

**VARNEY ROOFING, INC.**

Principal Place of Business

5777 BENEVA RD S  
SARASOTA FL 34233

Mailing Address

5777 BENEVA RD S  
SARASOTA FL 34233



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

2. New Principal Office Address, If Applicable

~~5464 PRIME TERRACE~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~5464 PRIME TERRACE~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1997

City & State

~~NORTH PORT FL~~

Country

City & State

~~NORTH PORT, FL~~

Country

5. FEI Number

65-0754496

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	4 City / State / Zip
PD	VARNEY, RICKY D	<del>4109 CORVETTE LANE</del> 5464 PRIME TERRACE	NORTH PORT FL 34287 34286
VP	MARK VARNEY	5331 BURDETTE	NORTH PT FL 34287
T	VARNEY, BRET	5903 MAYBERRY ST	NORTH PORT FL 34287
			100024169711 10/27/03--01078--004 **150.00

8. Name and Address of Current Registered Agent

PREWETT, DANIEL L  
5777 BENEVA RD S  
SARASOTA FL 34233

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE*

Date

REGISTERED AGENT MUST SIGN

11. 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:

*[Signature]* RICK VARNEY

10-15-03

4237663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

VARNEY ROOFING, INC.  
5464 PRIME TERRACE  
NORTH PORT, FL 34286

October 15, 2003

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

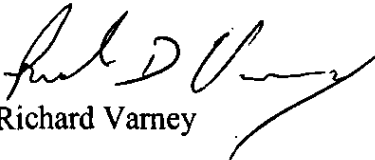
State ID: P97000044683

Dear Department of State:

Please find enclosed the Annual Report for the above referenced corporation. In 2002 we changed locations and never received the renewal notice for the tax year 2003. It and the Certificate of Administrative Dissolution finally caught up with us this week. There was no intentional disregard for our responsibility to file. Therefore we are enclosing a check for the annual fee and respectfully request that you reinstate our Corporation and abate any penalties involved. If you have any questions or need additional information please contact me at the above address. Thank you in advance for your prompt attention to this matter.

Pending your response and reply, I remain.

Sincerely,

  
Richard Varney