

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13-22

FILED

04 MAY -3 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065399

1. Corporation Name

Weeks Roofing Company

REINSTATEMENT 03-54

2. Principal Office Address

1301 Deer Run

Suite, Apt. #, etc.

3. Mailing Office Address

1301 Deer Run

Suite, Apt. #, etc.

City & State

Winter Springs, FL

Zip

32708

Country

USA

City & State

Winter Springs, FL

Zip

32708

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08-01-97

5. FEI Number

59-3459826

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100035156641
05/03/04--01014--013 **300.00

7. Name and Address of Current Registered Agent

Name

Gail L. Fredrick

Street Address (P.O. Box Number is Not Acceptable)

5269 Rockinghorse Place

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date 04-20-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Gail L. Fredrick	5269 Rockinghorse Place	Oviedo, FL 32765
ST	Margaret L. Powell	1301 Deer Run	Winter Springs, FL 32708

10. 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:

Gail L. Fredrick

Gail L. Fredrick

President

04-20-04

Date

Daytime Phone

407-695-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

Weeks Roofing Company

1301 Deer Run
Winter Springs, FL 32708

Phone: 407.695.2626
FAX: 407.695.2697

April 20, 2004

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

Re: Reinstatement of Corporation # P97000065399

Dear Agent:

I have enclosed the completed reinstatement form for reinstatement of the corporation. The renewal form for the 2003 year was not received. I am requesting that the late fees be waived for the 2003 year.

I have enclosed a check in the amount of \$ 300.00 to cover the renewal fee for the 2003 and 2004 year.

Thank you for you prompt attention.

Sincerely,

Mail L. Fredrick

Gail L. Fredrick
President

Enclosures