

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

page 1 of 2

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV 30 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000075477

1. Corporation Name

STATE GENERAL CONTRACTOR ROOFING, INC.

Principal Place of Business

2600 N.W. 32ND STREET
MIAMI FL 33142

Mailing Address

2600 N.W. 32ND STREET
MIAMI FL 33142



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

2. New Principal Office Address, If Applicable
3032 N.W. 19 ST.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3032 N.W. 19 ST.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1997

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State
MIAMI FLA.
Zip 33125 Country U.S.

City & State
MIAMI FLA.
Zip 33125 Country U.S.

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
DP	ALMORA, EUGENIO	2600 N.W. 32ND STREET	MIAMI FL 33142
		3032 N.W. 19 ST. MIAMI FL 33125	MIAMI, FL 33125

500002703869-5
-12/04/98-01111-002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

ALMORA, EUGENIO
2600 N.W. 32ND STREET
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name ALMORA EUGENIO
Street Address (P.O. Box Number is Not Acceptable)
3032 N.W. 19 ST.
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33125

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Eugenio Almora

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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugenio Almora
Date Daytime Phone #

CR2040 (9/98)

page 2

**STATE GENERAL CONTRACTOR ROOFING INC.
3032 N.W. 19 ST.
MIAMI, FL 33125**

DIVISION OF CORPORATION
ANNUAL REPORT
REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

RE: STATE GENERAL CONTRACTOR ROOFING INC.
OFFICER: EUGENIO ALMORA
3032 N.W. 19 ST.
MIAMI FLORIDA, 33125
P97000075477

DEAR REINSTATEMENT OFFICER:

ON FRIDAY NOVEMBER 20, 1998 I RECEIVED A LETTER FROM YOUR OFFICE TELLING ME THAT MY LICENSE HAD BEEN REVOKED BECAUSE OF MY FAILURE TO FILL OUT THE YEARLY REPORT. I HAVE CONTACTED YOUR OFFICE TODAY MONDAY NOVEMBER 23, 1998 AND SPOKE TO A LADY BY THE NAME OF LESLIE. SHE TOLD ME THAT YOUR OFFICE HAD MAILED ME THREE LETTERS BUT I HAVE NEVER RECEIVED ANY OF THEM. AS YOU CAN SEE REFERENCED ABOVE, MY ADDRESS HAS CHANGED AND THAT MIGHT BE THE CAUSE OF MY MAIL GETTING LOST. AT THIS POINT I'M ASKING YOU PLEASE TO CONSIDER THE REINSTATEMENT OF MY LICENSE, BEING THAT I HAD NO KNOWLEDGE THAT I HAD TO SUBMIT THIS REPORT EVERY YEAR. MY CORPORATION IS NEW AND I'M NOT TO FAMILIAR WITH THE DIFFERENT REPORTS. IN THE FUTURE I WILL BE CAREFUL TO SUBMIT THE REPORT BEFORE MAY, 1ST ACCORDING TO YOUR INSTRUCTIONS.

ENCLOSED is MY CHECK FOR \$150.00 FOR MY REINSTATEMENT FEE AS INSTRUCTED BY LESLIE FROM YOUR OFFICE. IF YOU HAVE ANY QUESTIONS, YOU CAN REACH ME AT (305)634-5755 OR VIA MAIL AT THE ADDRESS REFERENCED ABOVE.

THANK YOU FOR YOUR ASSISTANCE TO THIS MATTER.

SINCERELY,

EUGENIO ALMORA

