

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 5:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006642

1. Corporation Name

ROOFS BY CHERRY, INC.

Principal Place of Business

3901 SW 40TH AVE  
HOLLYWOOD FL 33023

Mailing Address

3901 SW 40TH AVE  
HOLLYWOOD FL 33023

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

01/21/1998

5. FEI Number

65-0810468

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
D	CHERRY, JOHN	3901 SW 40TH AVE	HOLLYWOOD FL 33023
D	CHERRY, IRIS J	5050 SW 188 AVE	FT. LAUDERDALE FL 33332
			100003471221-5
			11/28/00 01146 016
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

CHERRY, JOHN  
3901 SW 40TH AVE  
HOLLYWOOD FL 33023

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.

Signature of  
Registered Agent

*John Cherry*  
REGISTERED AGENT MUST SIGN.

Date 10.11.00

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

*John Cherry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.11.00

Daytime Phone #

(954) 981.6177

CR2E040 (8/00)