

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 FEB -8 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000012053**

1. Corporation Name

ALDON BOOKHARDT ROOFING, INC.

Principal Place of Business

Mailing Address

3240 DARYL TERR.
TITUSVILLE FL 32796

3240 DARYL TERR.
TITUSVILLE FL 32796



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1000 Orange Street

1000 Orange Street

City & State

City & State

Titusville, Florida

Titusville, Florida

Zip

Zip

32796 USA

32796 USA

5. FEI Number

59-349-0202

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|--|
| D | BOOKHARDT, ALDON | 3240 DARYL TERR. | TITUSVILLE FL 32796 ****908.75 ****908.75 |
| D | BOOKHARDT, SAMUEL JR. | 927 BON AIRE ST. | TITUSVILLE FL 32780 |
| D | BOOKHARDT, CHRIS | 927 BON AIRE ST. | TITUSVILLE FL 32780 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOOKHARDT, ALDON
3240 DARYL TERR.
TITUSVILLE FL 32796

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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 01-05-00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-99 321-267-4451

Date

Daytime Phone #

CR2E040 (8/99)