

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION'
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 JUN 23 AM 9:03
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
700209188467
06/21/11--01032--007 **900.00

DOCUMENT # P98000086279

1. Corporation Name

Rodney Hall Roofing Inc.

2. Principal Office Address - No P.O. Box #

915 16th St.

Suite, Apt. #, etc.

3. Mailing Office Address

915 16th St.

Suite, Apt. #, etc.

City & State

Port St. Joe Fl.

City & State

Port St. Joe Fl.

Zip

32456

Country

USA

Zip

32456

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

59-3539323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rodney Hall

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

915 16th St.

Suite, Apt. #, Etc.

City

Port St. Joe

State

FL

Zip Code

32456

REINSTATEMENT

10/23

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

Rodney Hall

Date 6-16-2011

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
Pres.	Rodney Hall	915 16 th St.	Port St. Joe Fl. 32456
VP	Jenice Hall	915 16 th St.	Port St. Joe Fl. 32456

10. E-mail Address: rodneyhallroofinginc@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Rodney Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-2011 850 5270 533

Date

Daytime Phone #