

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097375

1. Corporation Name

RELIABLE ROOFERS, INC.

Principal Place of Business

Mailing Address

1070 SW 55 AVE
MARGATE FL 33068

1070 SW 55 AVE
MARGATE FL 33068



REINSTATEMENT 03

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

11/16/1998

Suite, Apt. #, etc.

2138 MEARS PARKWAY
MARGATE FL

Suite, Apt. #, etc.

2138 MEARS PARKWAY
MARGATE FL

5. FEI Number

65-0884221

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	WATSON, O'BRIAN	1070 SW 55 AVE	MARGATE FL 33068
VP	WATSON, FABIAN	1070 SW 55TH AVE	POMPANO BEACH FL 33068
P	WATSON, O'BRIAN	840 NW 81 ST WAY	Plantation, FL 33324
V	WATSON, FABIAN D	P.O. Box 590733	FT LAUDERDALE FL 33359
T/S	WATSON, KENYA M	P.O. Box 590733	FT Lauderdale, FL 33359

8. Name and Address of Current Registered Agent

WATSON, FABIAN
1070 SW 55 AVE
MARGATE FL 33068

9. Name and Address of New Registered Agent

Name
WATSON, O'BRIAN
Street Address (P.O. Box Number is Not Acceptable)
2138 MEARS PARKWAY
Suite, Apt. #, Etc.
MARGATE
City
MARGATE
State
FL
Zip Code
33063

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. or 617.0505, F.S.

Signature of
Registered Agent

O'Brian Watson

Date

Oct 14, 2003

REGISTERED AGENT MUST SIGN

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:

O'Brian Watson O'BRIAN WATSON

Date

Daytime Phone #

October 14, 2003

CR2E040 (7/03)

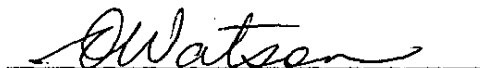


October 15, 2003

Florida Department of State

This company received material on October 09, 2003 stating that we needed to fill out a reinstatement application. It's possible that prior notices have been mailed to previous address of this company and was never forward to the new address. Since March 2003 we've had a problem receiving our mail, our post office have received forwarding address and have attempted to rectify this problem, hence this is why we have just received this application on October 9th. On October 10th I called the state toll number and spoke with George, I was told to write and be specific as to when we received this material and include the check in the amount of \$150. We would like to be reinstated please.

Thank you for you help with this matter,


O'Brian G. Watson President