

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000011074					
1. Corporation Name A1 SUNSHINE ROOFING INC.					
2. Principal Office Address 6516 NW 20ST			3. Mailing Office Address 10690 NW 27CT.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State SUNRISE FLA.			City & State SUNRISE FLA		
Zip 33313	Country BROWARD	Zip 33322	Country Brow.	4. Date Incorporated or Qualified To Do Business in Florida 2/1/99	
5. FEI Number 651115536				Applied For ☒ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$3.75 Additional Fee required for a Certificate of Status	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 19 PM 1:56

7. Name and Address of Current Registered Agent		
Name STEVE G. POLCHA		
Street Address (P.O. Box Number is Not Acceptable) 10690 NW 27 CT.		
Suite, Apt. #, Etc.		
City SUNRISE	State FL	Zip Code 33322

900004706059-6
12/85/01-01041-031
***300.00 ***300.00

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 *Steve Polcha* Date 11/15/01

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.	STEVE POLCHA	10690 NW 27 CT.	SUNRISE FLA. 33322
VICE PRES.	WILLIAM ECKHARDT	11411 NW 32 PL.	SUNRISE FLA. 33323

10. 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: *Steve Polcha* **STEVE POLCHA** Date 11/15/01 954 748 1670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- RE-ROOFING
- REPAIRS
- TILE
- ASPHALT SHINGLES
- GRAVEL



**ESTIMATE
AND
CONTRACT**

C of C #85-4090-RX

Date _____ PH.N. _____

Contracted To _____

Building Location _____

We hereby submit estimate for:

WE NEVER RECEIVED OUR RENEWAL
FORMS, YOU HAD OUR WRONG ADDRESS
6216 NW 20ST.

ANY QUESTIONS PLEASE
GIVE OUR OFFICE A
CALL. (954) 748-1670

THANK YOU!

We are pleased to estimate on the above captioned job as follows:

A 25% Deposit of \$_____ required upon acceptance of this proposal and the balance as work progress in direct ratio of work completed.
Payment in full to be made upon completion of job; this estimate shall be cancelled unless accepted within 30 days from the date issued.

TERMS:

NET CASH-NO DISCOUNT

invoices due when rendered.

General terms and conditions on reverse side

SUNSHINE ROOFING CO.

This bid may be withdrawn if not accepted within 30 days.

BY _____ DATE _____

When this job is accepted please sign and return white copy which will be our order to proceed with work and when approved by our credit department constitutes the entire agreement of the parties. Attention is directed to the General Terms and Conditions set forth elsewhere in this contract.

The Undersigned accepts the above job at the price quoted agrees to pay for said work promptly of same as herein specified. If any sums due are collected by suit or demand of an attorney of collection agency then the undersigned agrees to pay all costs. Including reasonable attorney's fee for collection.

ACCEPTED BY _____ DATE _____

OWNER OR AGENT _____