

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 18 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018594

1. Corporation Name

RAISE THE ROOF, INC.

Principal Place of Business

Mailing Address

26110 MANDEVILLA DRIVE  
BONITA SPRINGS FL 34134

26110 MANDEVILLA DRIVE  
BONITA SPRINGS FL 34134

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/1999

5. FEI Number 65-0915839

APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 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
VP	WYNNE, SIGNE L, PRESIDENT	26110 MANDEVILLA DRIVE	BONITA SPRINGS FL 34134
CFO	HANNO, LORRAINE L, CFO	359 LITTLE BLUE HERON CT. 27741 MARINA POINTE DR.	NAPLES FL 34108 BONITA SPRINGS FL 34134

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NAPLES-LAWDOCK, INC.  
4501 TAMiami TRAIL NORTH STE. 300  
NAPLES FL 34103-3060

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

REGISTERED AGENT MUST SIGN

John D. Humphreville, VP

Date

3/22/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

2/1/2002 944.498.6026

CR2E040 (8/01)