

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 16 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000054040

1. Corporation Name

TORO ROOFING, INC

W03-32604

2. Principal Office Address

3. Mailing Office Address

908 E. WALNUT

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKELAND, FL

Zip

Country

Zip

Country

33801 POLK

4. Date Incorporated or Qualified  
To Do Business in Florida

6-14-99

5. FEI Number

59-3342263

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

VICKI LYNN CLAESSEN

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

1904 CRYSTAL GROVE DRIVE

Suite, Apt. #, Etc.

City

LAKELAND

State  
FL

Zip Code

33801

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

Vicki Lynn Claesson

REGISTERED AGENT MUST SIGN

Date 10-23-03

**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
OWNER	WAYNE	908 E. WALNUT ST	LAKELAND FL 33801
SECRETARY	VICKI CLAESSEN	1904 CRYSTAL GROVE DR	LAKELAND FL 33801
V.P.	RON FRAZIER	1610 N. LAKE AVE	LAKELAND FL 33801
V.P.	RONALD FRAZIER JR	1610 N. LAKE AVE	LAKELAND FL 33801

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:

Vicki Lynn Claesson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03 863-698-2485

Date

Daytime Phone #

CR2E081 (10/02)

To whom it may concern:

As per our conversation, enclosed is \$150.00 and a reinstatement form you requested.

We did not receive a renewal due to a change of residence, probably.

Please send all future paperwork to

Tara Roofing  
908 E. Walnut St.  
Lakeland, FL 33801