

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000066423

1. Corporation Name

ROOFTOP VENTURES, INC.

Principal Place of Business

210 S.W. 2ND AVE.
GAINESVILLE FL 32601

Mailing Address

210 S.W. 2ND AVE.
GAINESVILLE FL 32601



REINSTATEMENT

FILED

01 OCT 15 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

07/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number.

59-3592932

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ST	BERNS, SAMUEL	210 S.W. 2ND AVE.	GAINESVILLE FL 32601
P	Hula, Jason	210 sw 2nd Ave	Gainesville, FL 32601
V	Tolbert, Michael	210 SW 2nd Ave	Gainesville, FL 32601

9000004649419--2
-10/23/01--01030--008
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

TOLBERT, MICHAEL
210 S.W. 2ND AVE.
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name

Hula, Jason

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

210 SW 2nd Ave

Suite, Apt. #, Etc.

City

Gainesville, FL

State

FL

Zip Code

32601

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

Jason Hula

Mike Tolbert

Date 10/10/01

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:

Jason Hula
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/01

Date

904-716-4698

Daytime Phone #

CR2E040 (8/01)