

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -4 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99 0000 61339

1. Corporation Name

Country Cottage Roof, Inc.

2. Principal Office Address

500 Cannon Creek Ctr Road

3. Mailing Office Address

Rt. 10 Box 596

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32025

Country

USA

Zip

32025

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/14/1999

5. FEI Number

59-3595744

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

C. Holt Smith, III

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

233 East Bay Street, Suite 930

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32202

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/29/03

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
PD	Barry R. Huber	P.O. Box 1264	Lake City, FL 32056
CD	Gary D. Cooke	P.O. Box 2133	Lake City, FL 32056
ST	Luke W. Carrender	Rt. 9 Box 785-51	Lake City, FL 32024
V	Abram B. Huber	P.O. Box 932	Lake City, FL 32056

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:

Luke W. Carrender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03

Date

(386) 752-4502

Daytime Phone #

CR2E081 (10/02)

2/10/03