

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 18 AM 9:32

DOCUMENT # P99000097556

1. Corporation Name

SUNROOMS OF FLORIDA, INC.

Principal Place of Business

5109 ROUND TREE COURT  
ORLANDO FL 32819

Mailing Address

5109 ROUND TREE COURT  
ORLANDO FL 32819



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
104 WEST 6th AVENUE

Suite, Apt. #, etc.  
WINDERMERE, FLA

City & State

Zip  
34786

Country  
U.S.A.

3. New Mailing Office Address, If Applicable  
104 WEST 6th AVENUE

Suite, Apt. #, etc.  
WINDERMERE, FLA.

City & State

Zip  
34786

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/04/1999

5. FEI Number

59-3609983

Applied For

Not Applicable

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4   |
|---------------|---|--|---|
| PD            | PERROTTA, JOSHUA J                        | 5109 ROUND TREE COURT                                  | ORLANDO FL 32819  |
| STD           | PERROTTA, KATHRYN A                       | 5109 ROUND TREE COURT                                  | ORLANDO FL 32819  |
|               |   |  | 000003441330--2<br>-10/26/00--01115--001<br>****750.00 ****750.00 |
|               |   |  |   |
|               |   |  |   |
|               |   |  |   |
|               |   |  |   |

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

JOSHUA PERROTTA

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

104 WEST 6th AVENUE

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/16/2000

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2000

Date

767/909-8999

Daytime Phone #

CP2EM40 (8/00)