

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

02 MAY 28 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110795

1. Corporation Name

David's East Coast Roofing, Inc.

2. Principal Office Address

132 Masters Drive

Suite, Apt. #, etc.

Unit E

City & State

St. Augustine, FL

Zip

32085

Country

U.S.

3. Mailing Office Address

4432 Eagle Creek Court

Suite, Apt. #, etc.

N/A

City & State

Elkton, FL

Zip

32033

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1999

5. FEI Number

59-3623966

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

David W. Cochran

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

132 Masters Drive

Suite, Apt. #, Etc.

Unit E

City

St. Augustine

State

FL

Zip Code

32085

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

David W. Cochran

REGISTERED AGENT MUST SIGN

Date 21 May 2002

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
V/D	Darrell W. Lindsey	4432 Eagle Creek Court	Elkton, FL 32033
			351.00 - AR
			10.00 - AR
			88.75 - AR
			100005754331--5
			-06/11/02--01103--020
			***450.00 ***449.75

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:

David W. Cochran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 May 2002

Date

904 669 1914

Daytime Phone #

CR2E081 (9/01)