

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000111101

1. Corporation Name

METRO ROOF SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business

535 ONE CENTER BOULEVARD, #302
ALTAMONTE SPRINGS FL 32701

Mailing Address

535 ONE CENTER BOULEVARD, #302
ALTAMONTE SPRINGS FL 32701

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1999

5. FEI Number

59-3615657

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHEFFIELD, JOHN R	535 ONE CENTER BOULEVARD, #302	ALTAMONTE SPRINGS FL 32701

8. Name and Address of Current Registered Agent

SHEFFIELD, JOHN R
535 ONE CENTER BOULEVARD, #302
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/6/02

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

Date

12/6/02

Daytime Phone #

407-257-0067

FILED

02 DEC 23 AM 10:45

SECRETARY OF STATE
TODD C. HASSEY
12/23/02--01057--003 **150.00



OCUBB

CR2E040 (8/02)

**Metro Roof Services
Of Central Florida, Inc.**

535 One Center Blvd #302
Altamonte Springs, Florida 32701

Phone (407) 257-2420

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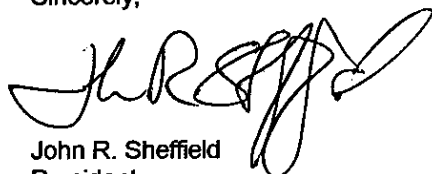
December 10, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

I cannot find a record of receiving 2 Uniform Business Report notices. Please reinstate this corporation waving the reinstatement fee.

Sincerely,



John R. Sheffield
President
Metro Roof Services