

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

00 JAN 31 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 504588

1. Corporation Name

Howe + Son Roofing Inc.

2. Principal Office Address

5115 20th Ave So

Suite, Apt. #, etc.

City & State

ST Petersburg Fl.

Zip

33707

Country

USA

3. Mailing Office Address

5115 20th Ave So

Suite, Apt. #, etc.

City & State

ST Petersburg Fl.

Zip

33707

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/90

5. FEI Number

59-3034072

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

Donald Howe

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

5115 20th Ave So

Suite, Apt. #, Etc.

City

ST Petersburg

State

FL

Zip Code

33707

000003133360-2

02/11/00 01113 014

****300.00 ****300.00

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

X Donald Howe

REGISTERED AGENT MUST SIGN

Date 01-27-00

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	Howe Viley	5115 20 th Ave. So.	ST Petersburg Fl. 33707
VD	Howe Donald	5115 20 th Ave. So	ST Petersburg Fl. 33707
TSD	Shackeet Howe Carolyn	700 38 Ave So.	ST Petersburg Fl. 33705

KE

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: X

Viley Howe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-00

Date

727-318-7766

Daytime Phone #

CR2E081 (9/99)

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TO WHOM IT MAY CONCERN.

The Annual Report was never received ,Due to moving and change of address.

Pauline Howe took care of all the forms, She passed away in 1998 The form was already here the changes were made and mailed off.

I did not know that the 1999 had not been filed,because i never received the report.

enclosed is a check for \$ 300.00 to reinstate 1999 per telephone call to tallahassee.

Thank you

Viley Howe
Viley Howe

THE 2000 report will be filed on time.