

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1997 JUN 25 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S76627

1. Corporation Name

MUELLER ROOFING, INC.

Principal Place of Business

335 GRANT AVE.
SATELLITE BEACH FL 32937

Mailing Address

335 GRANT AVE.
SATELLITE BEACH FL 32937

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1991

Suite, Apt. #, etc.

1403 SO. Patrick Dr. #20

Suite, Apt. #, etc.

1403 SO Patrick Dr #20

City & State

Indian Harbour Beach

City & State

Indian Harbour Beach

Zip

32937

Country

USA

Zip

32937

Country

USA

5. FEI Number

59-3097718

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	MUELLER, STANLEY J	335 GRANT AVE	SATELLITE BCH FL
D	MUELLER, STANLEY J	335 GRANT AVE	SATELLITE BCH FL
			800002225159--0 -06/27/97--01089--006 ***915.00 ***915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

MUELLER, STANLEY J
335 GRANT AVE
SATELLITE BEACH FL 32937

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.

Signature of
Registered Agent

Stanley J Mueller

REGISTERED AGENT MUST SIGN

Date

10/8/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Stanley J Mueller
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley J Mueller

Date

10/8/96

Daytime Phone #

773-7597