

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 DEC -6 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S91711

1. Corporation Name

CUT RITE ROOFING, INC.

Principal Place of Business

801 26TH ST
ORLANDO FL 32805

Mailing Address

801 26TH ST
ORLANDO FL 32805

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

11/04/1991

5. FEI Number

65-0299033

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	4 City / State / Zip
P	SMITH, JOHN P	801 26TH ST	ORLANDO FL 32805
VP	WHIPPLE, DAVID G	7232 BURNWAY DRIVE	ORLANDO FL 32819

000009400490
12/06/02-01050-002 **150.00

8. Name and Address of Current Registered Agent

WHIPPLE, DAVID G
801 26TH ST
ORLANDO FL 32805

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

CR2E040 (8/02)

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

11/15/02

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

11/15/02

Daytime Phone #

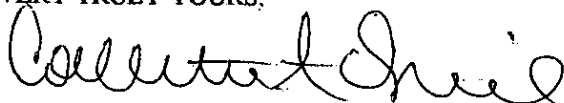
FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
P O BOX
TALLAHASSEE, FLORIDA

LADIES/GENTLEMEN:

PLEASE BE INFORMED THAT THIS IS THE FIRST NOTICE THAT MY CLIENT
HAS RECEIVED REGARDING THIS APPLICATION FOR REINSTATEMENT
THAT IS ENCLOSED HERewith.

PLEASE FIND ENCLOSED HIS CHECK IN THE AMOUNT OF \$ 150.00 FOR HIS
REINSTATEMENT FEE. THANK YOU.

VERY TRULY YOURS,



COLLETTE A ONEIL
TAX ACCOUNTANT FOR
CUT-RITE ROOFING, INC.

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