

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 15 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92287

1. Corporation Name

McFadden's Roofing, Inc.

2. Principal Office Address

1275 Bennett Drive

Suite, Apt. #, etc.

111

City & State

Longwood, FL 32750

Zip

32750

Country

USA

3. Mailing Office Address

P.O. Box 915506

Suite, Apt. #, etc.

City & State

Longwood, FL 32701

Zip

32791

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/06/91

SP

5. FEI Number

59-3101587

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

Richard D. McFadden

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

501 Arvern Court

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32701

500003508325-6

12/20/00-01080-019

***1200.00 ***1200.00

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

Date 12/11/2000

REGISTERED AGENT MUST SIGN

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
PVST	Richard D. McFadden	501 Arvern Court	Altamonte Spr., FL 32701
.D	Richard F. McFadden	64 Sweetbriar Branch	Longwood, FL 32750

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: Richard D. McFadden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/00-407-682-9082

Date

Daytime Phone

CR2081 (9/99)