

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 JAN -2 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V61565**

1. Corporation Name

**LAUMAR ROOFING SOUTH, INC.**

Principal Place of Business

Mailing Address

1313 PONCE DE LEON BLVD. #200  
SUITE 200  
CORAL GABLES FL 33134  
US

P. O. BOX 1006  
FT. LAUDERDALE FL 33302  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/1992

5. FEI Number

65-0357300

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	BAEZ, JOSE	22 MORNINGSIDE CIR 201 N.E. 30th St.	LITTLE FALLS NJ Boca Raton FL
SV	GODOY, JOSE	4820 SW 75TH AVE	MIAMI FL

REINSTATEMENT

12/6/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORDERO, DIAZ  
1313 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES FL 33134

Name: Jose Baez  
Street Address (P.O. Box Number is Not Acceptable)  
P.O. Box 1006 - 800 S.W. 21st Tr.  
Suite, Apt. #, Etc.  
Ft. Lauderdale  
City  
State  
FL Zip Code  
33302

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

*Jose Baez*

REGISTERED AGENT MUST SIGN

Date 12/6/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose Baez* Jose BAEZ Pres.

12/6/96

Date

Daytime Phone #

954-3244335