

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 22 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000001185**

1. Corporation Name

BELDON ROOFING & REMODELING CO.

Principal Place of Business

Mailing Address

5039 W AVE
SAN ANTONIO TX 78213

PO BOX 13380
SAN ANTONIO TX 78213

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

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

03/07/1997

5. FEI Number

74-1316691

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
DP	BELDON, MICHAEL D	#4 WESTELM CIR	SAN ANTONIO TX 78230
DS	BELDON, LOUISE	#4 WESTELM CIR	SAN ANTONIO TX 78230
DVT	SHERMAN, STEPHEN	15908 NW MILITARY	SAN ANTONIO TX 78231
D	BELDON, BRADFORD	35 ROYAL WATERS	SAN ANTONIO TX 78248
VP	ROSENBLATT, JAMES D	15642 ROBIN RIDGE	SAN ANTONIO TX 78248

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

500023996455
10/22/03--01004--014 **750.00

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]

KIRK HOOD
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10/17/03

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]
James D. Rosenblatt, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 210-341-3100

CFR2E040 (7/03)