PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. kg 1

APPLICATION FOR REINSTATEMENT 98 AR

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

FILED
98 NOV 25 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001911

1. Corporation Name

ADVANCED COMMERCIAL ROOFING SYSTEMS, INC.

Principal Place of Business	Mailing Address
701 E. KOHLMETZ P.O. BOX 9 MUNCIE IN 47308	701 E. KOHLMETZ P.O. BOX 9 MUNCIE IN 47308

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
1924 N. ELM ST	1924 N ELM ST
Suite, Apt. #, etc.: PO Box 9	Suite, Apt. #, etc.: PO Box 9
City & State: MUNCIE, IN	City & State: MUNCIE, IN
Zip: 47303 Country: United States	Zip: 47308 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 04/14/1997

5. FEI Number: 35-1602321 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CP	JACKSON, JOSEPH E JR.	~~3505 N. OAKWOOD~~ 4221 W. LINE WAY	MUNCIE IN 47304
CV	JACKSON, JOSEPH W	4309 N. OAKWOOD	MUNCIE IN 47304
DST	JACKSON, BEVERLY L	~~3505 N. OAKWOOD~~ 4221 W. LINE WAY	MUNCIE IN 47304
			100002703771--1. -12/04/98--01104--017 ****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PRATT, TINA 4947 SEABOARD CT. JACKSONVILLE FL 32210	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (9/98)

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: Tina Pratt SIGNATURE REQUIRED — Date:
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Joseph E Jackson SIGNATURE REQUIRED — 11-16-98 — 765-288-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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November 16, 1998

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

I am writing regarding the application for reinstatement for Advanced Commercial Roofing Systems, Inc. This was our first year for filing and did not receive any forms to fill out. I was told by the Department of State the $600.00 reinstatement fee will be waived. If you have any questions please call Chris at (765)-288-881.

Sincerely,

Chris Spegal

Chris Spegal,
Accounting Manager