PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 28 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000001911**

1. Corporation Name

**ADVANCED COMMERCIAL ROOFING SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1924 N. ELM STREET<br>P.O. BOX 9<br>MUNCIE IN 47308 | 1924 N. ELM STREET<br>P.O. BOX 9<br>MUNCIE IN 47308 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 1999**

| 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: 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| CP | JACKSON, JOSEPH E JR. | 4221 W. LINE WAY | MUNCIE IN 47304 |
| CV | JACKSON, JOSEPH W | 4309 N. OAKWOOD | MUNCIE IN 47304 |
| DST | JACKSON, BEVERLY L | 4221 W. LINE WAY | MUNCIE IN 47308 |
| | | | |
| | | | |
| | | | |

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-11/09/99--01013--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

PRATT, TINA
4947 SEABOARD CT.
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name: DAVID BOGUE
Street Address (P.O. Box Number is Not Acceptable): 60 Monee Loop Unit 47
Suite, Apt. #, Etc.: UNIT 47
City: Winter Springs State: FL Zip Code: 32708

CR2E040 (9/99)

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: David Bogue Date: 10-25-99
REGISTERED AGENT MUST SIGN

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: Joseph E Jackson Jr. 10-19-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #