PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
04 NOV -9 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001911

1. Corporation Name
Advanced Roofing Systems, Inc. dba Advanced Commercial Roofing Systems, Inc.

REINSTATEMENT 01-24

2. Principal Office Address	3. Mailing Office Address
1924 N. Elm Street	1924 N. Elm Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Muncie, Indiana	City & State: Muncie, Indiana
Zip: 47303 Country: USA	Zip: 47303 Country: USA

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

5. FEI Number: 35-1602321 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Jeffrey M. Graves Assistant Secretary Date: 11/8/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Joseph E. Jackson Jr.	4221 W. Line Way	Muncie, IN 47304
Sec.	Beverly Jackson	4221 W. Line Way	Muncie, IN 47304

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: Beverly Jackson 11/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR10 - rev.03/04 CT System Online

Florida Department of State
Division of Corporations
Public Access System

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From:
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Account Number : FCA000000023
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Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

ADVANCED COMMERCIAL ROOFING SYSTEMS, INC.

Certificate of Status	1
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