2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 25, 2004
Secretary of State

DOCUMENT# P00000001158

Entity Name: PREMIER ROOFING SPECIALISTS CONSULTANTS, INC.

Current Principal Place of Business:

RT. 9 BOX 2376 HWY 47
LAKE CITY, FL 32024

New Principal Place of Business:

6211 SW STATE RD 47
LAKE CITY, FL 32024

Current Mailing Address:

P.O. BOX 2298
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3615320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLORES, RICARDO
RT. 9, BOX 2376
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

FLORES, RICARDO
6211 SW STATE RD 47
LAKE CITY, FL 32024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICARDO FLORES 10/25/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: FLORES, RICARDO VICE PR
Address: RT 9 BOX 2376 HWY 47
City-St-Zip: LAKE CITY, FL 32024

Title: S ( ) Delete
Name: FLORES, MARIBEL T SECRETA
Address: RT 9 BOX 2376
City-St-Zip: LAKE CITY, FL 32024

Title: T (X) Delete
Name: AVILA, THOMAS R TREASUR
Address: RT 14 BOX 14460
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: FLORES, RICARDO PRESIDE
Address: 6211 SW STATE RD 47
City-St-Zip: LAKE CITY, FL 32024

Title: VP (X) Change ( ) Addition
Name: FLORES, MARIBEL T VICE PR
Address: 6211 SW STATE RD 47
City-St-Zip: LAKE CITY, FL 32024

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIBEL FLORES VP 10/25/2004
Electronic Signature of Signing Officer or Director Date