2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2004
Secretary of State

DOCUMENT# P00000084820

Entity Name: RESILIENT ROOFING, INC.

Current Principal Place of Business:

1225 BENNETT DR.
#120
LONGWOOD, FL 32750

New Principal Place of Business:

400 COMMERCE WAY
#128
LONGWOOD, FL 32750

Current Mailing Address:

1225 BENNETT DR.
#120
LONGWOOD, FL 32750

New Mailing Address:

400 COMMERCE WAY
#128
LONGWOOD, FL 32750

FEI Number: 59-3669602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLMOND, CHARITY
1586 STEPHAN COLE LANE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

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: P ( ) Delete
Name: LAVINE, DARRIN C
Address: 2799 BOULDER FALLS CT
City-St-Zip: APOPKA, FL 32703

Title: DST ( ) Delete
Name: OLARTE-LAVINE, LINA
Address: 2799 BOULDER FALLS CT.
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete
Name: LAVINE, BRIAN
Address: 2302 FITZPATRICK TR.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LINA OLARTE-LAVINE D 10/22/2004

Electronic Signature of Signing Officer or Director Date