

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000075005

FILED
Sep 30, 2009
Secretary of State

Entity Name: DEAN WILSON ROOFING, INC.

Current Principal Place of Business:

2426 CENTRAL AVE
ST PETERSBURG, FL 33712 US

New Principal Place of Business:

6059 44TH AVENUE NORTH
KENNETH CITY, FL 33709 US

Current Mailing Address:

2426 CENTRAL AVE
ST PETERSBURG, FL 33712 US

New Mailing Address:

6059 44TH AVENUE NORTH
KENNETH CITY, FL 33709 US

FEI Number: 20-2916167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHARN, DEAN R
2426 CENTRAL AVE
ST PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

SCHARN, DEAN R
6059 44TH AVENUE NORTH
KENNETH CITY, FL 33709 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: DEAN R SCHARN

09/30/2009

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: PTS () Delete
Name: SCHARN, DEAN R
Address: 2426 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33712 US

Title: VP () Delete
Name: BARNETT, BYRON L
Address: 3738 53RD AVE N
City-St-Zip: ST PETERSBURG, FL 33714 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: SCHARN, DEAN R
Address: 6059 44TH AVENUE NORTH
City-St-Zip: KENNETH CITY, FL 33709 US

Title: VP (X) Change () Addition
Name: NOBLE, ELBERT R
Address: 6059 44TH AVENUE NORTH
City-St-Zip: KENNETH CITY, FL 33709 US

Title: VP () Change (X) Addition
Name: THOMPSON, WILLIAM S
Address: 8290 54TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEAN R SCHARN

PRES

09/30/2009

Electronic Signature of Signing Officer or Director

Date