PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 11 PM 2:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000023796

1. Corporation Name

A-1 SHEPPARD ROOFING, INC.

Principal Place of Business / Mailing Address

41 NW 20 Street
Miami, FL 33127

REINSTATEMENT AD 94-96

If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing 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: March 29, 1993

5. FEI Number: 65-0453374 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/S/D	GONZALO E. PRADO	41 NW 20 Street	Miami, FL 33127
			900002027489--1 -12/12/96--01076--009 ****775.00 ****775.00

8. Name and Address of Current Registered Agent

ALAN M. BURGER
9990 SW 77 Avenue PH5
Miami, FL 33156

9. Name and Address of New Registered Agent

Name: GONZALO E. PRADO
Street Address (P.O. Box Number is Not Acceptable): 41 NW 20 ST.
Suite, Apt. #, Etc.: MIAMI FLORIDA
City / State: FL / Zip Code: 33127

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: Gonzalo Prado — REGISTERED AGENT MUST SIGN — Date: 11-12-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Gonzalo Prado — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11-12-96 Date — 220-2750 573-3002 Daytime Phone #

CR2E040 (12/95)