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APPROVED AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

JUN 12 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 590131

1. Corporation Name

High Point C Roofing Company, Inc.

Principal Place of Business

5775 Coral Way
Miami, Florida 33155

Mailing Address

5775 Coral Way
Miami, Florida 33155

If above addresses are incorrect in any way, file through incorrect information and cause correction below.

2. New Principal Office Address, if Applicable
1985 NW 88th. Court
Suite, Apt. #, etc.
Suite 101
City & State
Miami, Florida
Zip
33172
Country
USA

3. New Mailing Office Address, if Applicable
1985 NW 88th. Court
Suite, Apt. #, etc.
Suite 101
City & State
Miami, Florida
Zip
33172
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
10/25/91

5. FEI Number
65-0291459

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED SB.75: Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT use Post Office Box Numbers)	4. City/State/Zip
Pres.	Lorenzo Camargo	5775 Coral Way	Miami, Florida 33155
V.Pres.	Rodolfo Romero	1040 Spring Garden Rd.	Miami, Florida 33136

REINSTATEMENT '92 - '99

SCC 1-12-99

A. Name and Address of Current Registered Agent

Hector Bucassi
7048 Bonita Dr.
Miami Beach, Florida 33141

B. Name and Address of New Registered Agent

Name
CARLOS M. TRUEBA
Street Address (P.O. Box Number is Not Acceptable)
1985 NW 88th. Court
Suite, Apt. #, Etc.
Suite 101
City
Miami
State
FL
Zip Code
33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0905, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date
January 6, 1999

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 certify that I am an officer or director of 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 ascertained, the corporate name satisfies the requirements of section 507.0401 or 617.0401, F.S., that all taxes 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

One

Office Phone #

Prepared by: Carlos M. Trueba, 1985 NW 88th. Ct. Ste.101, Miami, FL 33172

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(305) 593-2644

(2)

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)922-4004

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

HIGH POINT C ROOFING COMPANY, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,808.75