

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 NOV -4 PM 3:22

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

300042239103
11/04/04--01030--002 **5.00

300042239103
10/27/04--01002--010 **200.00

DOCUMENT # L02000034266

1. Limited Liability Company's Name

J.C.L. ROOFING LIMITED COMPANY

2. Principal Office Address

2515 W. BRADDOCK ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33607

Country

3. Mailing Office Address

2515 W. Braddock St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33607

Country

USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

06-1668139

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Juan Carlos Iannicelli

Street Address (P.O. Box Number is Not Acceptable)

2515 W. Braddock St.

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33607

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/01/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Juan C. Iannicelli	2515 W. Braddock St.	Tampa, FL
Vice President	Ileana Iannicelli	2515 W. Braddock St.	Tampa, FL

REINSTATEMENT 2003-04

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Date

11/01/04

Daytime Phone #

(813) 842-0422

Typed or printed name of signing Managing Member/Manager

Juan C. Iannicelli

CR2E041 (10/02)