| · · · · · · · · · · · · · · · · · · ·   | PLEASE READ A                                   | ALL INST            | RUCTIONS                | BEFORE C  | OMPLET  | ING THIS FORM.                                      |  |  |
|---|---|---------------------|-------------------------|---|---|---|--|--|
| APPLICATION FLORIDA DEPARTMENT OF STATE   |   |                     |                         |   | APPROVED AND  |   |  |  |
| FOR Sandra B. Mortham Secretary of State  |   |                     |                         |   |   | FILED   |  |  |
| REINSTATEMENT DIVISION OF CORPORATIONS  |   |                     |                         |   | 98 NOV 20 AM 10: 59   |   |  |  |
| DOCUMENT # <b>373414</b> 1. Corporation Name  |   |                     |                         |   |   |   |  |  |
| STAR ROOFERS, INC.  |   |                     |                         |   | SECRETARY OF STATE TALLAHASSEE, FLORIDA                         |   |  |  |
| 0.7 at 1.001 2.10, ato.   |   |                     |                         |   |   | •   |  |  |
| Principal Place of Business Mailing Address   |   |                     |                         |   | 1 I <b>I I I I I I</b> I I I I                                  | i headh achta diadh ardar aigh glath blista diath a | ACIS DIDIT DEDE SADI   |  |
| 5450 10TH AVENUE, NORTH LAKE WORTH FL 33463-2057 LAKE WORTH FL 33463-2057   |   |                     |                         |   |   |   |  |  |
|   |   |                     |                         |   | RFINS   | STATEMENT   | $\alpha$   |  |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable   |   |                     |                         |   | 4. Date Incorpo   | orated or Qualified                                 | OK .   |  |
| Suite, Apt. #, etc.   | Suite, Apt. #,                                  | Suite, Apt. #, etc. |                         |   | To Do Business in Florida 12/01/1970  5. FEI Number Applied For |   |  |  |
| City & State City   |   |                     | ity & State             |   |   | 59-1378082 Applied For Not Applicable               |  |  |
| Zip   | Zip   | Country             | ,                       | - 6. CERTIFICATE OF STATUS DESIRED Tor a Certificate of Status                            |   |   |  |  |
| 7. Names and Street Add   | resses of Each Officer and/o                    | r Director (Flor    |                         |   |   |   | And the section of th |  |
| Title(s) 2  | Name of Officers Fitle(s) and/or Directors 3 (D |                     |                         | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) |   | City / State / Zi                                   | p  |  |
| PD MCGOWAN E.   |   |                     | #4 18TH AVE SOUTH       |   |   | LAKE WORTH FL                                       |  |  |
| VD MCGOWAN  |   |                     |                         | 18TH AVE SOUTH  |   | LAKE WORTH FL                                       |  |  |
|   |   |                     | % KOYNE YI KIHI YAVEX X |   |   | BOYNTON BEACH FLX                                   |  |  |
|   |   |                     |                         |   | -11   | )<br>)<br>)<br>)<br>)<br>)<br>)                     | 431  |  |
|   |   |                     |                         |   |   | -12/02/9801088004<br>****750.00 ****750.00          |  |  |
|   |   |                     | · <del>·</del>          |   |   | 100100  |  |  |
|   |   |                     |                         |   |   |   |  |  |
| 8. Name and Address of Current Registered Agent Name  |   |                     |                         |   | 9. Name and A   | ddress of New Registered Agent                      |  |  |
| MCGOWAN, E.   |   |                     |                         | Street Address (P.O. Box Number is Not Acceptable)  |   |   |  |  |
| LAKE WORTH FE 33400   |   |                     |                         | Suite, Apt. #, Etc.   |   |   |  |  |
|   |   |                     |                         | City  | Ity State Zip Code  |   |  |  |
| 10. 1, 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 Resistered Agent Must sign  |   |                     |                         |   |   |   |  |  |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  |   |                     |                         |   |   |   |  |  |
|   |   |                     |                         |   |   |   |  |  |
| 12. 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., that all fees 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)(i), 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 1/13/95-561-915-524/  |   |                     |                         |   |   |   |  |  |