2009 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # 413472

1. Entity Name
W.J.LOHMAN ROOFING CO., INC.

FILED

2009 FEB 27 A 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
281 KING ST. JACKSONVILLE, FL 32204	281 KING ST. JACKSONVILLE, FL 32204

01212009   REIN-P   CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 59-1437665 / Applied For / Not Applicable
Zip / Country	Zip / Country	**5. Certificate of Status Desired** ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REDDEN, JERRY C 281 KING ST JACKSONVILLE, FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **STP** NAME **REDDEN, JERRY** STREET ADDRESS **667 E. 23RD ST.** CITY-ST-ZIP **JACKSONVILLE, FL 32206**	☐ Delete	TITLE *STP* NAME *Redden, Jerry C* STREET ADDRESS *310 King St* CITY-ST-ZIP *Jacksonville, Fl 32204*	☒ Change ☐ Addition
TITLE **VP** NAME **REDDEN, JERRY LYNN** STREET ADDRESS **310 KING ST.** CITY-ST-ZIP **JACKSONVILLE, FL 32206**	☐ Delete	TITLE *VP* NAME *Redden, Jerry Lynn* STREET ADDRESS *669 Claudia Spencer St* CITY-ST-ZIP *Jacksonville, Fl 32206*	☒ Change ☐ Addition
TITLE **VP** NAME **HULL, KENNETH** STREET ADDRESS **344 ALVIS ROAD** CITY-ST-ZIP **JACKSONVILLE, FL 32204**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	200144615842 02/27/09--01031--012 **900.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 08-09	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _Jerry C Redden_ Jerry C Redden 2-23-09 904-387-3160

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)   Date   Daytime Phone #