

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **473203**

1. Corporation Name

MURTON ROOFING CORP.

2. Principal Office Address

7600 NW 74 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

3. Mailing Office Address

7600 NW 74 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/75

5. FEI Number

59-1583626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES C. MURTON

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

7600 NW 74 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date **9-22-03**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JAMES C. MURTON	7600 NW 74 AVE	MIAMI FL 33166
STV	MICHAEL LEVINE	7600 NW 74 AVE	MIAMI FL 33166
V	THOMAS MIKLUSCAK	7600 NW 74 AVE	MIAMI FL 33166
V	DONALD MCNAMARA	7600 NW 74 AVE	MIAMI FL 33166

10. 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

[Signature]

9-22-03

Date

305-592-5385

Daytime Phone #

FILED

03 SEP 24 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

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