

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB 16 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 496136

1. Corporation Name

BUDDY'S ROOFING, INC.

2. Principal Office Address

637 51st Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL 33407

Zip
33407

Country

Palm Beach

3. Mailing Office Address

637 51st Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL 33407

Zip

33407

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

February 7, 1976

5. FEI Number

59-1641427

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

Bruce W. Parrish, Jr., Esquire

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

105 S. Narcissus Avenue, Suite 412

Suite, Apt. #, Etc.

City

West Palm Beach

State
FL

Zip Code
33401

REINSTATEMENT 2000-01
[Handwritten Signature]

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

[Handwritten Signature]

Date

2/13/01

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
Pres.	James J. Raulerson	637 51st Street	West Palm Beach, FL 33407
Vice	James J. Raulerson	637 51st Street	West Palm Beach, FL 33407
Sec.	James J. Raulerson	637 51st Street	West Palm Beach, FL 33407
Treas.	James J. Raulerson	637 51st Street	West Palm Beach, FL 33407
			500003746675--7 -02/22/01--01008--015 ****900.00 ****900.00

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01
Date

832-3582
Daytime Phone #

CR2E081 (9/00)