

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

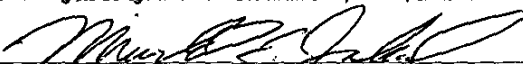
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REINSTATEMENT 94-03


CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 539635			
1. Corporation Name Jalad's Roofing Co., Inc.			
2. Principal Office Address 8078 Dillman Road Suite, Apt. #, etc.		3. Mailing Office Address 8078 Dillman Road Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33411	Country USA	Zip 33411	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/27/1977	
5. FEI Number 59-1753742	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Michael E. Jalad		
Street Address (P.O. Box Number is Not Acceptable) 8078 Dillman Road		
Suite, Apt. #, Etc.		
City West Palm Beach, FL	State FL	Zip Code 33411

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 	Date 3/25/2003
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.	Michael E. Jalad	8078 Dillman Road	West Palm Beach, FL 33411
V. Pres.	Nina E. Jalad	8078 Dillman Road	West Palm Beach, FL 33411
Job Director	Robert J. Kahl	2000 N. Congress Ave. ^{Lot 140}	West Palm Beach, FL 33409

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: 	3/25/2003 561-795-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

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