

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 25 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 572733

1. Corporation Name

ALCO Roofing Co.

2. Principal Office Address

7137 SW 44 street

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33155

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FLA

Zip

Country

REINSTATEMENT

98-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59 1914208

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

Donald MURRAY

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

2000 Towerside Terr.

Suite, Apt. #, Etc.

1 unit 180

City

MIAMI

400005258794-2

04/12/02 01112-002

***1350.00 ***1350.00

State
FL

Zip Code

33183

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

Donald Murray

REGISTERED AGENT MUST SIGN

Date 3/20/02

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.	Roberto Escobar	14352 SW 24st.	MIAMI, FL 33175
Sec/ Treas.	Manuel Alfonso	8336 SW 11 terr.	MIAMI, FL 33144

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

3/20/02
Date

261-6005
Daytime Phone #