

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 26 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 572733

1. Corporation Name

ALCO Roofing Company

**REINSTATEMENT 03-04**

700031282157  
03/26/04--01073--019 \*\*900.00

2. Principal Office Address

7170 SW 42 street

Suite, Apt. #, etc.

City & State

Miami FLA

Zip

33155

Country

3. Mailing Office Address

7170 SW 42 street

Suite, Apt. #, etc.

City & State

Miami, FLA

Zip

33155

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/07/1978

5. FEI Number

59-1914208

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 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 Terrace

Suite, Apt. #, Etc.

Unit 18C

City

Miami

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

3/23/04

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 24 Street	Miami, FLA 33175
Sec/	Manuel Alfonso	8330 SW 11 Terr.	Miami, FLA 33144
Treas.			
Director	Hector M. Garcia	8330 SW 11 Terr.	Miami, FLA 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

Date

305-663-6525

Daytime Phone #

CR2E081 (10/02)