PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION · FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT #   681693

1. Corporation Name

STEVE FUTSCHER ROOFING, INC.

99 NOV -8 PM 2: 37

Principal Place of Business	Mailing Address
2411 S.W. 128TH COURT MIAMI FL 33175	2411 S.W. 128TH COURT MIAMI FL 33175

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business In Florida **08/11/1980**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **59-2055027** Applied For / Not Applicable
City & State	City & State	
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FUTSCHER, STEPHEN	2411 S.W. 128TH COURT	MIAMI FL
ST	FUTSCHER, JOAN	2411 S.W. 128TH COURT	MIAMI FL
			000003046590---0 -11/17/99--01005--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FUTSCHER, STEPHEN 2411 SW 128 CT. MIAMI FL 33175	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State **FL** Zip Code

CR2E040 (8/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____*Stephen Futscher*_____ REQUIRED   Date _**10-14-99**_

REGISTERED AGENT MUST SIGN

11. 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: _____*Stephen Futscher*   (Stephen Futscher)   10-14-99   (305) 389-0910_____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #