

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JAN -4 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003540

**1. Corporation Name**

Superior Commercial Roofing Company, Inc.

**2. Principal Office Address**

4701 Granite Drive

Suite, Apt. #, etc.

City & State

Tucker, GA

Zip

30084

Country

**3. Mailing Office Address**

4701 Granite Drive

Suite, Apt. #, etc.

City & State

Tucker, GA 30084

Zip

30084

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

58-2129953

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 05-06

**7. Name and Address of Current Registered Agent**

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

000063985640

01/18/06--01079--033 \*\*901.75

**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

Mary R. Adams, Asst. Secretary  
REGISTERED AGENT MUST SIGN

Date

1/3/06

**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
Presider	Anthony J. Mills	4701 Granite Drive	Tucker, GA 30084
CFO	Robert A. LaRosa	4701 Granite Drive	Tucker, GA 30084
Director	Anthony J. Mills	4701 Granite Drive	Tucker, GA 30084

**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

ROBERT A. LAROSA

Date

Daytime Phone #

12/29/05 770 825 8005