
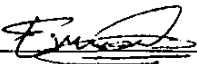



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 NOV -7 PM 5:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100137742101 11/07/08--01037--009 **300.00 REINSTATEMENT 07-08	
DOCUMENT # F04000005055				
1. Corporation Name CRS Commercial Roof Specialists, Inc.				
2. Principal Office Address - No P.O. Box # 1062 KCK Way <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 650 Bursby St. <small>Suite, Apt. #, etc.</small>		
City & State Cedar Hill, TX Zip 75104 Country USA		City & State Vista, CA Zip 92084 Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 8/30/2004		5. FEI Number 75-2851787 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent				
Name Smart Resolution, Inc. - Natalie Everett				
Street Address (P.O. Box Number is Not Acceptable) 20283 State Rd. 7				
Suite, Apt. #, Etc. 400				
City Boca Raton		State FL	Zip Code 33498	
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 Nov 6, 2008		
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	
P.T	James Stewart	3713 Ridgeway Ave.	Rowlett, TX 75088	
S	David Hreguet	650 Bursby St.	Vista, CA 92084	
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 contained in Chapter 119, 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:  David Hreguet		Date 11/3/08	Daytime Phone # 714-639-1277	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				