## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F06000002554

BROSSEAU, DONNA M

1316 MARQUETTE DRIVE

ROMEOVILLE, IL 604461026

Name:

Address:

City-St-Zip:

FILED Oct 28, 2008 Secretary of State

Entity Nan	ne: BENN	ETT & BROSSEAU	J ROOFING, INC.			•		
Current Principal Place of Business:				New Princi	New Principal Place of Business:			
1316 MARG ROMEOVII								
Current Mailing Address:				New Mailing Address:				
1316 MARG ROMEOVII								
FEI Number:	36-3035239	FEI Number Ap	oplied For ( ) Fi	El Number Not Appli	cable ( )	Certificate of Status De	sired()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
NRAI SER' 2731 EXEC WESTON,	UTIVÉ PAI	RK DRIVE SUITE US	4					
The above in the State	named enti of Florida.	ty submits this sta	tement for the purpo	ose of changing its	s registered offi	ice or registered age	nt, or both,	
SIGNATUR	RE: JAMES	BROSSEAU						
	Elect	ronic Signature of	Registered Agent			Date	_	
		.193(2)(b), F.S., the c cing Trust Fund Con	orporation did not rec tribution ( ).	eive the prior notice				
OFFICERS AND DIRECTORS:				ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	1316 MARC	( ) Delete , NORMAN L UETTE DRIVE LE, IL 604461026		Title: Name: Address: City-St-Zip:	P (X) C BROSSEAU, JAM 1316 MARQUETT ROMEOVILLE, IL	E DRIVE		
Title: Name: Address: City-St-Zip:		( ) Delete , JAMES P UETTE DRIVE LE, IL 604461026		Title: Name: Address: City-St-Zip:	V (X) C PATTERSON, GE 1316 MARQUETT ROMEOVILLE, IL	TE DRIVE		
Title:	s	( ) Delete		Title:	()(	Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES BROSSEAU P 10/28/2008