2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# F07000005864

Entity Name: WATSON ROOFING COMPANY, INC.

Current Principal Place of Business:

4002 RJ WELCH ROAD
FRIENDSHIP, TN 38034

New Principal Place of Business:

Current Mailing Address:

4002 RJ WELCH ROAD
FRIENDSHIP, TN 38034

New Mailing Address:

FEI Number: 20-2515122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOZWIAK, MATT
109 BELLA VISTA TERRACE, UNIT D
VENICE, FL 34275 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MATT JOZWIAK

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WATSON, GAYLE
Address: 4002 RJ WELCH ROAD
City-St-Zip: FRIENDSHIP, TN 38034

Title: V ( ) Delete
Name: BAIL, RUSSELL B
Address: 4002 RJ WELCH ROAD
City-St-Zip: FRIENDSHIP, TN 38034

Title: ST ( ) Delete
Name: WATSON, ANITA
Address: 4002 RJ WELCH ROAD
City-St-Zip: FRIENDSHIP, TN 38034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: KAIL, RUSSELL B
Address: 4002 RJ WELCH ROAD
City-St-Zip: FRIENDSHIP, TN 38034

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GAYLE WATSON P 02/09/2009

Electronic Signature of Signing Officer or Director — Date