

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 21 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 37293

**1. Corporation Name**

Atlantic Coast Roofing Systems, Inc.

**2. Principal Office Address**

350 Northeast 78 Street

Suite, Apt. #, etc.

City & State

Miami

Zip

33138

Country

USA

**3. Mailing Office Address**

350 Northeast 78 Street

Suite, Apt. #, etc.

City & State

Miami

Zip

33138

Country

USA

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

06/04/81

**5. FEI Number**

59-2195531

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

01-03

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

Name

Carlos Oscar Collazo Manzano

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

350 Northeast 78 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33138

**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

*Carlos O. Collazo Manzano*

REGISTERED AGENT MUST SIGN

Date

10/29/2003

**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
Pres	Antonio G. del Campo	7933 West Drive # 924	North Bay Village, FL 33141
Sec.	Carlos O. Collazo Manzano	11460 NE 10 Avenue	Biscayne Park, FL 33161
Treas.	Carlos O. Collazo Manzano	11460 NE 10 Avenue	Biscayne Park, FL 33161

**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:**

*Carlos O. Collazo Manzano*

Carlos O. Collazo Manzano

10/29/2003 305 345 8348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)