PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUL 11 AM 8:10

**DOCUMENT #** F45239

1. Corporation Name: Gregs Roofing, Inc.

REINSTATEMENT 11-12

CR2E081 (11/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 545 Parque Drive | same |
| Suite, Apt. #, etc. — | Suite, Apt. #, etc. " |
| City & State: Ormond Beach, FL | City & State " |
| Zip: 32174 Country: Volusia | Country " |

4. Date Incorporated or Qualified To Do Business in Florida: Oct 21, 1981

5. FEI Number: 59-2117742 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Greg HagemAN

Street Address (P.O. Box Number is Not Acceptable): 545 Parque Dr.

Suite, Apt. #, Etc. —

City: Ormond Beach | State: FL | Zip Code: 32174

500237344575
07/11/12--01025--014 **900.00

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: [signature] REGISTERED AGENT MUST SIGN Date: 7-3-12

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 |
|---|---|---|---|
| DPT | D. President Treasurer Greg HagemAN | 545 Parque Drive | Ormond Beach FL 32174 |
| DVS | D. V. President Secretary Diane HagemAN | 545 Parque Drive | Ormond Beach, FL 32174 |
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| | | | |
| | | | |
| | | | |

10. E-mail Address: GregsRoofing@Live.com JUL 11 2012
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Greg HagemAN Pres 7-3-12 (386)672-2821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CUTLER

Greg HagemAN President