

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 26 AM 8:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000006085

1. Corporation Name

PEGNATO & PEGNATO ROOF MANAGEMENT, INC.

REINSTATEMENT 018-07

2. Principal Office Address

310 Washington Blvd

Suite, Apt. #, etc.

P-205

City & State

Marina del Rey CA

Zip

90292

Country

USA

3. Mailing Office Address

8403 Wesham St.

Suite, Apt. #, etc.

City & State

Ventura CA

Zip

93004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-20-92

5. FEI Number

95-4391795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PARACORP INCORPORATED

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

236 EAST 6TH AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

Denise Zollner

Denise Zollner,
Asst. Secretary

Date 12/18/2003

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	Maryella Gail Pegnato	4307 Roma Ct	Marina del Rey CA 90292
V	William Andrew Baley	22801 Tooton	Mission Viejo CA 92692
S/D	William Herbert Pegnato	4307 Roma Ct	Marina del Rey CA 90292
CEO	William Sargent Scott	8403 Wesham St.	Ventura CA 93004

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:

William Sargent Scott III

William Sargent Scott III 12/18/03 (310) 795-9084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)