DOCUMENT # G65116 1. Entity Name ADVANCED ROOFING, INC.				FILED	
Principal Place of Business 4345 N.E. 12TH TERRACE FT LAUDERDALE FL 33334		Mailing Address 4345 N.E. 12TH TERRACE FT LAUDERDALE FL 33334		O2 MAR 14 AM 9:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address		T THE STATE OF THE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-2360591	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registere	d Agent
KORNAHRENS, ROBERT 4345 NE 12TH TERRACE FT LAUDERDALE FL 33334				P.O. Box Number is Not Acceptable)	
			City	F	Zip Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so.				10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME STREET ADDRESS CITY-ST-ZIP	PD Kornahrens, Robert 4345 Ne 12th Terrace Ft Lauderdale Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kornahrens, Deborah 4345 ne 12th Terrace Ft Lauderdale Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZP	400005175 -03/29/020 ****635.00	Change Addition 2 2042 11002008 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STPD KORNAHRENS, ROBERT 4345 NE 12TH TERRACE FORT LAUDERDALE FL 33334	- □ Delete □ □	TITLE NAME ASSESSED CITY-ST-ZIP		- (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stokes, Daniel 4345 ne 12th Terrace Ft Lauderdale Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FF \$ 15	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-6-2-4968 Date Dayling Phone #					