


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

1989-2005
DOCUMENT # H58232
 1. Corporation Name
BRADLEY ROOFING CO., INC.

2. Principal Office Address **5810 N.W. 30 AVE.**
 Suite, Apt. #, etc.

3. Mailing Office Address
 Suite, Apt. #, etc.

City & State **MIAMI FLA.**
 City & State

Zip **33142** Country **DADE**
 Zip Country

FILED
 05 MAY 24 PM 4:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

900055209619
 05/25/05--01002--001 **883.75

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **59-1778980** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED SEE INSTRUCTIONS FOR FILING THIS FORM

7. Name and Address of Current Registered Agent

Name **ROBERT BRADLEY**
 Street Address (P.O. Box Number is Not Acceptable) **5810 N.W. 30 AVE.**
 Suite, Apt. #, Etc. **1**
 City **MIAMI FLA.** State **FL** Zip Code **33142**

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 05/25/05--01002--002 **1000.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent *Robert Bradley* Date **5-18-05**
 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
D/P	ROBERT BRADLEY	5810 N.W. 30 AVE.	MIAMI FLA. 33142

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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 617.3401, 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(9)(f), 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: *Robert Bradley* Date **5-18-05** Daytime Phone # **305 634 1245**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UPB
5/25