

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



FILED

98 APR -6 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J50920
1. Corporation Name NELSON Roofing CO. INC.

Principal Place of Business Mailing Address
5501 N.W. 15th STR.
MARGATE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9-98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1-1-87	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2747317	
Country				Applied For	
Country				Not Applicable	
Country				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres.	PATRICK D. NELSON	5540 NW. 76 th PLACE POMPANO BEACH, FLA 33073	←		
V-Pres	NORMAN D. NELSON	1610 SW. 64 th AVE	POMPANO BEACH FLA. 33068		
Sect/Treas	ANDREW E. HORNE	1941 SW 67 th TERR	POMPANO BEACH FLA. 33068		
			900002483139-3		
			-04/08/98--01106--007		
			***1350.00 ***1350.00		

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PATRICK DAANE NELSON 5540 NW 76 th PLACE POMPANO BEACH FLORIDA 33073		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Patrick D. Nelson REGISTERED AGENT MUST SIGN Date 3-31-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Patrick D. Nelson PATRICK D. NELSON 3-31-98 954-975-4650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E00 (1/98)