PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF S Sandra B. Mortham Secretary of State Division of corporations			FILED
DOCUMENT #J5/920			9	B APR -6 AM 8: 19
1. Corporation Name NEISON RO	ofing CO. 1	NC.		
· ·			TĂĽ	ECRETARY OF STATE LAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	· "_ · "		
5501 N.W.	15th STR.			
1	SATC			
If above addresses are incorrect in any way, line thro			REINS	LATEMENT 94-98
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If	Applicable		orated or Qualified less in Florida 1-1-87
Suite. Apt. #, etc.	Suile, Apt. #, etc.		5. FEI Number	Applied For
City & State Zip Country	City & State	~	<u>57-2</u>	74737 - Not Applicable
			[OF STATUS DESIRED
7. Names and Street Addresses of Each Officer and/c Name of Officers Title(s) and/or Directors	Sti	ations must list at lea eet Address of Each ficer and/or Director	<u> </u>	A1776
Tille(s) and/or Directors	3 (Do NOT U	W. 76th P		4 City / State / Zip / 4
Pres. Patrick D. NEl		Beach Fla		~
V-PRES NORMAN D. N	1610 5	SW. 64		PomPANO Beach
V-TRES [DOIETITINO D. IN		SW 67	th Terp	Fla. 33068 Pompano Beach
Sect/THE ANDREW E. HO	RNE			Fla. 33068
	[
			-04/08/9801106007 ****1350.00_***1350.00	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
. PATRICK DOANE NELSON				s Not Acceptable)
5540 NW 76th Place		Street Address (P.O. Box Number is Not Acceptable)		
Pompano Beach				
Florida 33073 City State 210 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 Date 3 - 31 - 98 REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No				
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 examption 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. NEISON 3-31-98 975-4650 SIGNATURE: Date DATED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date				