

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 13 PM 12:03

DOCUMENT #J85480

1. Corporation Name

ROYAL PALM ROOFING

2. Principal Office Address

2420 NW. 1st Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

2420 NW. 1st Ave

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton

Zip

33431

Country

P. B.

Zip

33431

Country

P. B.

REINSTATEMENT 00-01

11/87

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0011896

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

Liz Locigno

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

527 NW. 73 Drive

100004447611-6

-06/27/01--01046--016

****900.00 ****900.00

Suite, Apt. #, Etc.

State

FL

Zip Code

33486

City

Boca Raton

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

Liz Locigno

Date

6/8/01

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	WESLEY TURNER	22100 Serenata Cir W.	Boca Raton, FL 33434
VP	JOSEPH LOCIGNO	527 NW. 13 Dr.	Boca Raton, FL 33486

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/01 561-394-9764
Date Daytime Phone #