

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:28

DOCUMENT # K75675

1. Entity Name
INTERSTATE ROOFING SERVICE, INC.



Principal Place of Business
116 HIGHLINE DRIVE STE B
LONGWOOD, FL 32750

Mailing Address
116 HIGHLINE DRIVE STE B
LONGWOOD, FL 32750 US

REINSTATEMENT 04-05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05172005

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

59-2940256

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMPE, JOSEPH W.
866 BUTTONWOOD LN.
ALTAMONTE SPRINGS, FL 32714

Name

Joseph Lampe

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

3913 Lxside Reserve Lane

Orlando

FL 32810

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph W. Lampe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-15-05

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LAMPE, JOSEPH W
866 BUTTONWOOD LANE
ALTAMONTE SPRINGS, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Joseph Lampe ☒ Change ☐ Addition
3913 Lakeside Reserve Lane
Orlando, FL 32810

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LAMPE, KATHLEEN M
227 BENNETT ST
WINTER SPRINGS, FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V. President
Kathleen Lampe ☐ Change ☐ Addition
300055147393
200 Bennett St
Winter Springs, FL 32708

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

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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

Kathleen Lampe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-05

Date

407-645-3700

Daytime Phone #