

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # K75675

1. Entity Name
INTERSTATE ROOFING SERVICE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:28

REINSTATEMENT 04-05



05172005 REIN-P CR2E098 (6/04)

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
59-2940256

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current 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 Lakeside Reserve Lane
City *Orlando* Zip Code *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 K. Lampe*

(NOTE: Registered Agent signature required when reinstating)

DATE *6-15-05*

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE V. President Change Addition
NAME Kathleen Lampe
STREET ADDRESS 208 Bennett St
CITY-ST-ZIP Winter Springs, FL 32708

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE: *Kathleen Lampe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-05 407-645-3700
Date Daytime Phone #