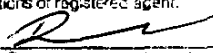
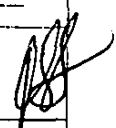
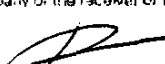


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 27 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000081742					
1. Entity Name MARINER ROOFING LLC					
Principal Place of Business 155 COCOA DRIVE TAVERNIER, FL 33070 US			Mailing Address PO BOX 559 TAVERNIER, FL 33070 US		
2. Principal Place of Business - No P.O. Box # 133 Stromboli Dr.			3. Mailing Address P.O. Box 559		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Islamorada, FL			City & State Tavernier, FL		
Zip 33036			Zip 33070		
Country Monroe			Country Monroe		
4. FID Number 84-1664275			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			55.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HOSTETLER, ROBERT E JR 155 COCOA DR TAVERNIER, FL 33070			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  Robert E. Hostetler JR.			DATE 3-26-07		
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State 		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOSTETLER, ROBERT E JR 155 COCOA DR TAVERNIER, FL 33070	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HESLER, GRANT 216 ORANGE BLOSSOM RD TAVERNIER, FL 33070	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jacob N. Mills 95 SW 18th Ave Homestead, FL 33030	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'DONNELL, PATRICK 57 N BLACKWATER LANE KEY LARGO, FL 33037	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brian A. Douglas 101600 Overseas Hwy r 72-C Key Largo, FL 33037	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700095788927 04/04/07--01026--005 **200.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.					
SIGNATURE: 			DATE 3/26/07 (305) 393 0666		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					