PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION GOFF Katheriñe Harris Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT #L1932C FILED 1. Corporation Name 99 JUN 18 PH 1: 16 A. K. Roofing of FL, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 6370 SW 92 ST. Pinecrest, FL 33154 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 65-014824B City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status ZiD Country Zip Country CERTIFICATE OF STATUS DESIRED [7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Trtle(s) City / State / Zip A. KenGault, Jr Pinecrest, FL 33156 63705W 92 ST. Diane L. Gault 6370 SW 92 ST. Pinecrest, FL 33156 900002915799--8 ***1350.00 ***1350.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Diane L. Gault 6370 SW 92 ST. Streel Address (P.O. Bex Jumber is Not Acceptable) Suite, Apt. #, Etc Pinecrest, FL 33156 State | Zip 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. My Acc 4. Files each year for us - We were unaware

Yes \quad No \quad + he Corp. Status had been 11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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. Tutrifier certify that when filling 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 6/16/99 305-661-5000 Daytime Phone #