

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -2 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L19320**

1. Corporation Name

A.K. ROOFING OF FL, INC.

REINSTATEMENT 02-04

500029737465
03/02/04--01057--032 **1050.00

2. Principal Office Address

8340 SW 122 ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33154

Country **USA**

MIAMI-DADE

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

9/29/1989

5. FEI Number

65-0148248

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

DIANE L. GAULT

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

8340 SW 122 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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

Diane L. Gault

Date

2/25/04

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
MR	A. Ken Gault, Jr, Pres	7042 TORREY PINES CIR	PORT ST. LUCIE, FL 34986
Mrs	Diane L. Gault, Sec/Treas.	7042 Torrey Pines Cir	PORT ST. LUCIE, FL 34986

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:

Diane L. Gault

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04

Date

305-796-0725

Daytime Phone #

CR2E081 (01/04)