APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		07.JAN 22 PM 4:00	
DOCUMENT # L &QC 1. Corporation Name All Central Fl. Roofing Florida 140	46110	.Hem RD	SECF	HETARY OF STATE HASSEE, FLORIDA
		1712	REINS	TATEMENT 909
Suite, Apt. #, etc. Suite, Ap		iling Address, If Applicable #, etc	4. Date Incorp To Do Busin	orated or Qualified ness in Florida  July 24 1 9 Po  Applied For
City & State  Zip Country	Zip	Country	6. CERTIFICATI	Not Applicable  E OF STATUS DESIRED S8.75 Additional fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director. (Fix Name of Officers and/or Directors  2. Roward C. Bull		orida nonprofit corporations must list at Street Address of Ea Officer and/or Diract (Do NOT Use Post Office Bo	ich tor	4 City/State/Zip  Apople Fl. 32716
Secretory &	J Trense	Spur	21	594e 000020674220 -01/24/97-01031-006 ****915.00 ****915.00
			·····	961-22-9-7
8. Name and Address of Current RODNEY C. Bell 1404 L. TChem R NPOPTR F. 327	Name Street Address	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.		
10. I, being appointed the registered agent of the a Signature of Registered Agen	3010	poration, am familiar with and accept the  GENT MUST SIGN	obligations of Secti	
11. Does this corporation pay Dept. of Revenue under S	any intan	gible tax to the , Florida Statutes. Yes	No [	(See other side for information

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #