1,208.75 Check To Department of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	02 APR -3 PM 4: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L 89574

1. Corporation Name

All Central Florida Roofing Inc.

REINSTATEMENT 99-02

2. Principal Office Address	**3.** Mailing Office Address	
4468 Kincardine Dr.	4468 Kincardine Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** Date Incorporated or Qualified To Do Business in Florida **1990**
Jacksonville Fl.	Jacksonville Fl.	**5.** FEI Number 59-3038472 — Applied For / Not Applicable
Zip 32257 Country Duval	Zip 32257 Country Duval	**6.** CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Rodney C Bell

Street Address (P.O. Box Number is Not Acceptable)
4468 Kincardine Dr

900005282979--4
-04/16/02--01065--010
***1208.75 ***1208.75

Suite, Apt. #, Etc.

City	State	Zip Code
Jacksonville	FL	32257

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 _Joe C Bell_ REGISTERED AGENT MUST SIGN   Date _March 26, 2002_

CR2E081 (9/01)

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
Officer	Joan Bell	4468 Kincardine Dr.	Jacksonville Fl 32257
Director	Chris Bell	4468 Kincardine Dr	Jacksonville Fl 32257

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: _Joe C Bell_ Rodney C. Bell   3-29-02 (904)6368885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #