L95000000818

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 21 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

Upstate Roofing, L.C.

99

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1300 Brighton Henrietta Townline Road	1300 Brighton Henrietta Townline Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Rochester, New York	Rochester, New York
Zip: 14623 Country: US	Zip: 14623 Country: US

4. State/Country of Formation: Florida/US

5. Date Organized or Qualified To Do Business in Florida: 10/26/1995

6. FEI Number: 59-334-6323 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: UCC Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1574 Village Square Blvd.

Suite, Apt. #, Etc.: Suite 100

City: Tallahassee State: FL Zip Code: 32309

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

600089697396
02/28/07--01027--032 **350.00

9. I hereby appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Alison Hand, ASST SEC Date: 2/20/07

L18761 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Upstate Roofing, Inc.	1300 Brighton Henrietta Townline Road	Rochester, New York 14623
MGRM	David P. Pastore	1300 Brighton Henrietta Townline Road	Rochester, New York 14623

REINSTATEMENT 1999-2007

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02/28/07--01027--031 **105.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager: David P. Pastore, Member Date: February 20, 2007 Daytime Phone #: 585/272/8050

Typed or printed Name of signing Managing Member/Manager: David P. Pastore