PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 14 AM 11: 05

REINSTATEMENT 2000

DOCUMENT # L99000008815

1. Limited Liability Company's Name

Birmingham Roofing, LLC

2. Principal Office Address

3211 Miami Place

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip 34207   Country USA

3. Mailing Office Address

PO Box 3319

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip 34230   Country USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 65-0969299   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 Dave Birmingham

Street Address (P.O. Box Number is Not Acceptable) 3211 Miami Place

Suite, Apt. #, Etc.

City Bradenton   State FL   Zip Code 34207

9. I, being 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 _____ REGISTERED AGENT MUST SIGN   Date 11/2/00

CR2E041 (9/99)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
'gr	Dave Birmingham	3211 Miami Place	Bradenton, FL 34207
			8000003478598---2
			-11/28/00--01081--002
			****150.00 ****150.00

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 608.406, 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 _____ Date 11/2/00   Daytime Phone # 941-957-0225

Typed or printed name of signing Managing Member/Manager _____