PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M05000000772

1. Limited Liability Company's Name

FILED 12 JUN - 1 PM 3: 54

Nations Roof, LLC

				,					CD0C044 (4/44)		
				office Address airs Bridge Road				CR2E041 (1/11) 4. State/Country of Formation			
Suite, Apt. #, etc. Suite, Apt. #,			etc.				Deleware				
								Date Organized or Qualified To Do Business in Florida 02/08/2005			
City & State City & State							-	6 CELNI-mba		Applied For	
			Springs, GA				6. FEI Number Applied For 753161782 Not Applicable				
Zip	_	Country	Zip		1	untry	ļ	7.	\$5.00	Additional Fee required	
30122	2	JSA	30122		US	А		CERTIFICATE		a Certificate of Status	
8. Name and Address of Current Registered Agent Name											
Nations Roof of Florida, LLC							E-mail Address:				
Street Address (P.O. Box Number is Not Acceptable) 1313 E Landstreet Road								0675/12=3156=3120=\$16.25			
Suite, Apt. #, Etc.									sfloyd@nationsroof.com		
City Orlando					State FL	Zip Code 32824			used for future annua		
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 Shauna Hugh								Date 6 11 12			
REGISTER LOAGENT MOST SIGN 10. Names and Street Addresses of Managing Members/Managers											
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager				er	City / State / Zip		
VP	James Nugent			1633 Blairs Bridge Ro				e Road	Lithia Springs,	GA 30122	
CEO	Richard Nugent			509 W.Bay Street				t	Tampa, FL 33	3606	
VP-OPS	Ronald Werowinski			901 Sentry Drive				!	Waukesha, '	WI 53186	
									•		
	RE	INSTAT	TAT	TNT	٦ -,	2010-	• ₀	2012			
	E-4, E-6-		I-/1V1 <u>1</u>	7141							
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 filting this reinstatement application the reason for dissolution has been eliminated, the limited hability 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. I am aware that the information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.											
Signature of Managing Member/Manager Date 6/1/12 Daytime Phone #678-279-2441											
Membe	r/Manager		Title	<u>_&</u>		Date	3/1/1	12	Daytime Phone # 678-279-2	2441	



NATIONS ROOF SOUTH 1633 BLAIRS BRIDGE RD. LITHIA SPRINGS, GA. 30122

> 678-567-1533 VOICE 678-567-1633 FAX

www.NationsRoof.com

June 1, 2012

Re: Reinstatement of Nations Roof LLC

Registration Examiner,

12 JUN-1 PM 3: 54
SEPARAMETER PLONID

Good Afternoon, I am writing this letter to inform you that I would like to reinstate the company "Nations Roof LLC'. I am aware that the name "Nations Roof of Florida" is already being used, however we own that company as well and would like to continue using Nations Roof LLC. I spoke to a Coroline in your office on today and she told me to fill out the form that I have attached and also write a letter. I am also including a check for \$516.25. If you need anything else please call my Controller Shaunna Floyd at 678-279-2441 or email her at sfloyd@nationsroof.com. Thanks and have a great day!

Sincerely,

VP of Nations Roof, LLC