

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 DEC 16 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

1011

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000006899

1. Limited Liability Company's Name

STOCK ROOFING COMPANY, LLC

2. Principal Office Address - No P.O. Box #

7731 MAIN STREET NE

Suite, Apt. #, etc.

City & State

FRIDLEY MN

Zip

55432

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

WISCONSIN

5. Date Organized or Qualified
To Do Business in Florida

12/12/2006

6. FEI Number

04-3750680

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

800215284298
12/16/11-01009-026 **377.50

SKETTELHODT@TECTAAMERICA.COM

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
c/o CT CORPORATION SYSTEM

Suite, Apt. #, Etc.

1200 SOUTH PINE ISLAND RD.

City

PLANTATION

State

FL

Zip Code

33324

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

Ashley Pipes
REGISTERED AGENT MUST SIGN

Assistant Secretary
Ashley Pipes

Date

12/8/11

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
MGR	ROBERT A. MCNAMARA	7731 MAIN STREET NE	FRIDLEY MN 55432
MGR	BRYNNE E. SMITH	9450 W BRYN MAWR AVE	ROSEMONT IL 60018
MGR	MARK F. SANTACROSE	9450 W BRYN MAWR AVE	ROSEMONT IL 60018

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

Signature of Managing
Member/Manager

Robert A. McNamara

Date

12/9/11

Daytime Phone #

763-780-3561

Typed or printed name of signing Managing Member/Manager ROBERT A. MCNAMARA