# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Feb 15, 2008**
**Secretary of State**

DOCUMENT# N06000005659

**Entity Name:** TRI-COUNTY ROOFING CONTRACTORS ASSOCIATION, INC.

**Current Principal Place of Business:**

4410 MAINE AVE
LAKELAND, FL 33801

**New Principal Place of Business:**

4410 MAIN AVE.
LAKELAND, FL 33801

**Current Mailing Address:**

PO BOX 1692
EATON PARK, FL 338401692

**New Mailing Address:**

4410 MAIN AVE
LAKELAND, FL 33801

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

SPRINGER, ROBERT
4410 MAINE AVE
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LINDSAY KING
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: SPRINGER, ROBERT
Address: 4410 MAINE AVE
City-St-Zip: LAKELAND, FL 33801

Title: VD ( ) Delete
Name: LUSA, JOE
Address: 4410 MAINE AVE
City-St-Zip: LAKELAND, FL 33801

Title: TD ( ) Delete
Name: KING, LINDSAY
Address: 4410 MAINE AVE
City-St-Zip: LAKELAND, FL 33801

Title: SD ( ) Delete
Name: BOWEN, BRAD IV
Address: 4410 MAINE AVE
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDSAY KING MRS. 02/15/2008
Electronic Signature of Signing Officer or Director — Date