

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000017017

1. Corporation Name

R.B. Roofing, Inc.

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

116 NE Dixie Hwy

Suite, Apt. #, etc

City & State

Stuart, FL

Zip

34994

Country

USA

3. Mailing Office Address

116 NE Dixie Hwy

Suite, Apt. #, etc

City & State

Stuart, FL

Zip

34994

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/2000

5. FEI Number

65-0983113

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO

\$8.75 Additional Fee required
for a Certificate of Status

01/22/18 - 01021 - 018 **150.00

REINSTATEMENT

2009-2018

7. Name and Address of Current Registered Agent

Name

Littman, Sherlock & Heims, P.A.

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

618 SE Ocean Blvd.

Suite, Apt. #, Etc

Suite 5

City

Stuart

State

FL

Zip Code

34994

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/28/2017

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-----------------------|
| CEO | Robert V. Brumley | 116 NE Dixie Hwy | Stuart, Florida 34994 |
| | | | |
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| | | | |

JAN 23 2018

ALBRITTON

10 E-mail Address: DMELZER@LSHLAW.NET

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617 0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert V. Brumley, CEO

12/28/2017

Date

772-233 6376

Daytime Phone #