

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
04 JAN 16 AM 10:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000023590

1. Corporation Name

Exclusive Roof Loading Inc
3189 W. 68th Pl.
Hialeah FL 33018

2. Principal Office Address

3189 W. 68th Place

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Hialeah - FL

City & State

Zip

33018

Country

DATE

Zip

Country

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

March 7, 2000

5. FEI Number

65-0992887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Noel Balladares

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

3189 W. 68th Place

Suite, Apt. #, Etc.

City

Hialeah

000027452630

01/23/04--01013--008 **500.00

000027452630

01/23/04--01013--009 **500.00

State

FL

Zip Code

33018

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

Noel Balladares

REGISTERED AGENT MUST SIGN

Date

1-15-04

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

Pres

Noel Balladares

3189 W. 68th Pl

Hialeah - FL 33018

000027452630

01/23/04--01013--010 **500.00

000027452630

01/23/04--01013--011 **500.00

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. 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:

Noel Balladares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/04

Date

(305)
986-5773

Daytime Phone #