FILED
Oct 15 2001 8:00 am
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

CORPORATION REINSTATEMENT

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300004659293--4
-10/30/01--01061--001
****750.00 ****750.00

DOCUMENT # P00000045613

1. Corporation Name
Miami Dade Best Roofing, Inc

2. Principal Office Address	3. Mailing Office Address
2314 Hayes St.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood Fl.	City & State
Zip: 33020 Country: BROWARD	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☒ 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: MARK CAMERON.
Street Address (P.O. Box Number is Not Acceptable): 2314 Hayes St.
Suite, Apt. #, Etc.: Hollywood Fl 33020
City State: FL Zip Code

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: [signature] Date: 10/11/01
REGISTERED AGENT MUST SIGN

CR2E051 (3/00)

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	MARK CAMERON	2314 Hayes St.	Hollywood Fl 33020

REINSTATEMENT

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)(i), F.S. The information indicated on this application is true and accurate and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #