PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 10 JUN 21 AM 10: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # P00000057550

1. Corporation Name

MiKeLAng Roofing, Inc.

REINSTATEMENT 07-10

200182422202
06/21/10--01060--021 **1200.00
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
640 South Old Dixie Hwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State Bunnell FL	City & State
Zip 32110	Country Flagler	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 6-14-2000

5. FEI Number 140412 59-3652265 ☐ 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 Brenda I Lang

Street Address (P.O. Box Number is Not Acceptable) 640 South Old Dixie Hwy

Suite, Apt. #, Etc.

City Bunnell   State FL   Zip Code 32110

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 Brenda I Lang   Date 6-18-10
REGISTERED AGENT MUST SIGN

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
P	Michael R Lang	640 South Old Dixie Hwy	Bunnell, FL 32110
	$ 6/22		

10. E-mail Address: MiKeLangRoofing@aol.com
(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., 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.

SIGNATURE: Michael R Lang   6-18-10   386-437-2820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #