PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Seci	PARTMENT OF STATE retary of State n of corporations		FILED 09FEB 19 PM 1:2	24	
DOCUMENT # POOOOOO 76974 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
M.D. Roofing Inc							
2. Principal Office Address - No P.O. Box # 3. Mailing Of 1350 £ 52 C+ 135 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State			Address SE 52 Ct	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For		Applied For	
Zip 2.1	Country	Zip	Country	6,	E OF STATUS DESIRED X 58.75 A	Not Applicable	
7. Name and Address of Current Registered Agent					for a	Certificate of Status	
Name Deborah R. Atlen Street Address (P.O. Box Number is Not Acceptable) 1350 XE 52 C+ Suite, Apt. #, Etc. City Ocala State Zip Code FL 34471				circum the pri are ce	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
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 Date 21000							
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	Deborah Allen		1350 SE 62 Ct		ocala Fi	34471	
VP.	Hubert Hitches	1 Aller	1350 SE 5	2 Ct	Ocala Fi	3471	
	REINSTATE	MEN	<u> </u>		0144012048 9-01036015 **! 0144012048		
		RH		02/19/0	1901036016 **1	58.75	
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 filling 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 contained in Chapter 119, 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: Deboyah R. Allen 352-1514-2703 BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALOLO DEBO Daytime Phone #							