

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 FEB 28 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500092345715
03/13/07--01007--022 **1058.75

REINSTATEMENT 05-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000086374

1. Corporation Name

TROPICAL ROOFING MAINTENANCE AND SERVICES, INC

2. Principal Office Address - No P.O. Box # 521 INDUSTRIAL AVENUE	3. Mailing Office Address 521 INDUSTRIAL AVENUE
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL
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Zip
33426

Country
USA

Zip
33436

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/11/2000

5. FEI Number 20-3474064	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOSEPH RAVOSA

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

Suite, Apt. #, Etc.

City
BOYNTON BEACH

State
FL

Zip Code
33426

☐ 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

REGISTERED AGENT MUST SIGN

Date FEB 2007

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	Joseph Ravosa	521 Industrial Avenue	Boynton Beach, FL 33426

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 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:

JOSEPH RAVOSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 415-1228

Daytime Phone #

3/1a