

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 26 PM 3:57

DOCUMENT # P00000105442

1. Corporation Name

ALWAYS ROOFING, INC.

2. Principal Office Address

4575 Curtis Ave.

3. Mailing Office Address

4159 Wilkinson Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, Fl.

City & State

Lake Worth, Fl.

Zip

33463

Country

USA

Zip

33461

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov. 9, 2000

5. FEI Number

65-1066193

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

Lorraine Solomon

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

4159 Wilkinson Drive

Suite, Apt. #, Etc.

City

Lake Worth,

State

FL

Zip Code

33461

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

Lorraine C. Solomon

REGISTERED AGENT MUST SIGN

Date Sept. 19, 2001

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	Mike C. Solomon	4159 Wilkinson Dr.	Lake Worth, Fl. 33461
V	Ernest J. Smallman	623 S. Road	Boynton Beach, Fl. 33435
S/T	Lorraine C. Solomon	4159 Wilkinson Dr.	Lake Worth, Fl. 33461

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 my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Lorraine C. Solomon

Lorraine C. Solomon

11/19/01

561-478-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALWAYS ROOFING, INC.

Lic. & Insured  
CCCO16156

4159 Wilkinson Drive  
Lake Worth, Florida 33461

Ph. (561) 478-2212  
Fax (561) 478-1424

Nov. 19, 2001

Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sir,

Please take note that we did not receive the annual report form for this year. You apparently mailed it to an address other than our mailing address which was indicated on the original application forms; copies enclosed.

Therefore, we are enclosing the standard annual fee which we would have sent you if we had received the notice.

Also, please take note of our new mailing address.

Sincerely yours,



Lorraine Solomon, Sec.-Treas.