

ATTN: KATRINA  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 23 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 001000005157

1. Corporation Name

WALZ ROOFING CORP

REINSTATEMENT 03-04

800028640098  
02/12/04--01023--015 \*\*500.00

800028640098  
02/12/04--01023--014 \*\*77.50

2. Principal Office Address

3410 BANKS RD

Suite, Apt. #, etc.

204

City & State

MARGATE

Zip

33063

Country

Broward

3. Mailing Office Address

3410 BANKS RD

Suite, Apt. #, etc.

204

City & State

MARGATE

Zip

33063

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

1/11/01

5. FEI Number

361416110

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

KEVIN P WALZ

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

3410 BANKS RD

Suite, Apt. #, Etc.

204

City

MARGATE

State  
FL

Zip Code

33063

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

Kevin P. Walz

REGISTERED AGENT MUST SIGN

Date

1/20/04

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.	KEVIN P WALZ	3410 BANKS RD 204	MARGATE FL 33063

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:

Kevin P. Walz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04 954-917-0404

Date

Daytime Phone #

CR2E081 (10/02)