PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REMSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000050163 DOCUMENT

1. Corporation Name

COLONY ROOFING, INC.

Principal Place of Business

Mailing Address

205 KIRKLAND RD

NEW SMYRNA BEACH FL 32169

951 W BAGLEY RD **BEREA OH 44017**

FILED

03 OCT 21 AM 8:30

SECRETARY OF STATE FALLAHASSEE. FLORIDA

					1		ratio	
						可见了写的别写		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						引行[[日]]		
New Principal Office Address, If Applicable 3. New Mai			ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 05/21/2001			
Suite, Apt. #, etc. Suite, Apt.								
City & State City & St			A		FO 070044F			
ony a state					6.		Not Applicable	
Zip	Country	Zip		Country		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
	\$							
PST	ST SIALIBERE, DEANS, JACKETISENE			and RD		NEW SMYRNA BEACH FL 32169		
OIALIDENE, OAW			COLUTE DIVERSIDE DE			TVET COMPANY SEASON FOR COAST		
	ONLIBERE, O'UI					THE COMMENT SERVE	1 2 32 100	
OMEDENE, TOO			cor Will AND				1 F1 -050-00	
						THE TOTAL PERSON		
OFFICE STATE			205 KIRKI AND PR			-0510		
						TIEW CHITTHEY CO		
			10/21,			0023994162 0301161010 ***750.00		
			 	9. Name and Address of New Registered Agent				
	8. Name and Address of Current I	mt	Name	9. Name and 2				
مستني مستني المراب والمراب والمنافع والمتعارب				Name	Name			
	Bené, dean s Rkland Rd	Street Address (P.O. Box Number is Not Acceptable)						
NEW SMYRNA BEACH FL 32169			Suite, Apt. #, Etc.					
		City				ate Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.								
Signature of Registered Agent Date 10/14/03								
Registered	Agent	GISTERED AG	ENT MUST SI	IGN		Date		
11							Landa de la companya	
11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR