

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 11 PM 2:45

DOCUMENT # P01000059637

1. Corporation Name

Miami Roofing and Weatherproo
fing INC.

500110952915
10/18/07--01036--020 **150.00

2. Principal Office Address - No P.O. Box #

2040 NE 163 St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite #305

Suite, Apt. #, etc.

City & State

North Miami B

City & State

Zip

Country

33162

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/2001

5. FEI Number

651112942

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

Roger Caro

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

193-80 COLLINS AV Apt #126

Suite, Apt. #, Etc.

Apt # 126

City

Sunny Isles

State

FL

Zip Code

33160

☒ 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

Roger Caro

Date 10/10/02

REGISTERED AGENT-MUST SIGN

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 | Roger A. Caro | 193-80 COLLINS AV Apt # 126 Sunny Isles FL 33160 | |
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REINSTATEMENT 01 B 10/11/07

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:

Roger Caro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/07

Daytime Phone #