

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071227

1. Corporation Name

BRAHMA ROOFING Inc.

2. Principal Office Address

326 LAS PALMAS ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 211314

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH FL

City & State

ROYAL PALM BEACH FL

Zip

33411

Country

USA

Zip

33421

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/18/2001

5. FEI Number

65-1125583

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

PATRICIA A. MILES

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

326 LAS PALMAS STREET

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

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

Patricia A. Miles

REGISTERED AGENT MUST SIGN

Date 12/22/03

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
DPS	GWENDOLYN L. HILDERMAN	17062 HAYNIE LANE	JUPITER, FL 33478
DVT	PATRICIA A. MILES	324 LAS PALMAS STREET	ROYAL PALM BEACH, FL 33411

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)(l), 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:

Patricia A. Miles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/03 561-723-9333

Date

Daytime Phone #

CR2E081 (10/02)

TM

BRAHMA ROOFING, INC.
P.O. BOX 211314
ROYAL PALM BEACH, FL 33421
Phone: (561) 795-4045
Fax: (561) 743-6278

December 22, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

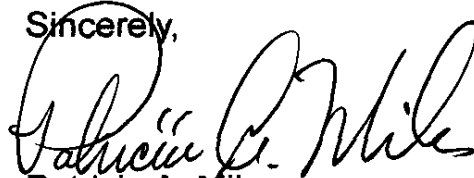
Re: Request for Reinstatement Fee to be Waived

Dear Sir/Madame:

Our company, Brahma Roofing, nor myself, as the Registered Agent, did not receive any notices for the year 2003 and request that the late fee be waived.

Thank you for your courtesies. If you have any questions, please do not hesitate to contact me.

Sincerely,



Patricia A. Miles

/pm
Enclosures