PLEASE READ ALL INSTRUCTIONS BEFORE C[illegible].

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -7 AM 11:05
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073062

1. Corporation Name

LENOX ROOFING, INC.

2. Principal Office Address	3. Mailing Office Address
240 SUMMERWOOD TR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MAITLAND FLA.	City & State
Zip: 32751 Country: SEMINOLE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 7-25-01

5. FEI Number: 59-3733176 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $5.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: CARL J. VEVERKA III

Street Address (P.O. Box Number is Not Acceptable): 240 SUMMERWOOD TRAIL REINSTATEMENT 03-05

Suite, Apt. #, Etc.: MAITL

City: MAITLAND State: FL Zip Code: 32751

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: CARLVEVERKA — Date: 3/3/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	CARL J. VEVERKA III	240 SUMMERWOOD TRAIL	MAITLAND, FLA. 32751

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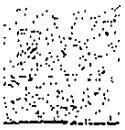
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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: CARLVEVERKA — 3/3/05 — 407-331-0756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

YAHOO! MAIL

Print - Close Window



LENOX ROOFING

240 SUMMERWOOD TRAIL

MAITLAND, FLORIDA 32751

TELEPHONE: 407-331-0756

March 3, 2005

Florida Department of State

Secretary of State

Division of Corporations

409 East Gaines Street

Tallahassee, FL 32399 850-245-6059

Re: Reinstatement of Corporation

Lenox Roofing, Inc.

To Whom It May Concern:

I would like to reinstate the corporate status of Lenox Roofing, Inc.

Enclosed are the following documents:

- Completed corporate reinstatement form for Lenox Roofing, Inc.
- Check in the amount of $1,058.75 which includes $8.75 for a Certificate of Status
- Federal Express return envelope for the Certificate of Status

I can be reached at 404-557-6419 should you have any questions or need further information.

Yours truly,