

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

**1. Corporation Name**

ALLSTATE ROOFING SERVICES, INC.  
PO1000088972

**2. Principal Office Address**

953 SW 136 Place

Suite, Apt. #, etc.

**3. Mailing Office Address**

953 SW 136 Place

Suite, Apt. #, etc.

**City & State**

Miami, FL

**City & State**

Miami, FL

**Zip**

33184

**Country**

Miami-Dade

**Zip**

33184

**Country**

Miami-Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/11/01

**5. FEI Number**

65-1136015

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**

Spiegel & Utrera, P.A.

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

1840 SW 22 Street

**Suite, Apt. #, Etc.**

4th Floor

**City**

Miami

State  
**FL**

**Zip Code**

33145

**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

REGISTERED AGENT MUST SIGN

Date 12/11/02

**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
PSTD	Elisa A. Alvarez	953 SW 136 Place	Miami, FL 33184

**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:**

Elisa A. Alvarez

12/11/02

305-219-5252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



# ALLSTATE

Roofing Services, Inc.

Telephone (305) 225-2244 - Fax (305) 221-9294 - License CGCA07449

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of corporation  
Co: AllState Roofing Services, Inc.  
(a/k/a All State Roofing Svcs, Inc.)  
Add: 13140 NW 6 Terrace, Miami, FL 33182 (changed)  
Inc: 9/11/01

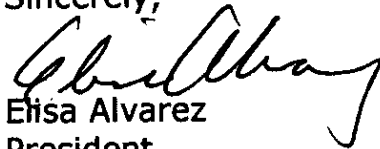
Dear Sir or Madam:

This is to request reinstatement of the aforementioned company. Attached please find the required Uniform Business Report for 2002 and the Corporation Reinstatement Form.

Enclosed is the annual fee of \$150.00. I would like to request that the late fee be waived due to non-receipt of state notices for filing of the required UBR for the year.

I thank you in advance for your courtesy and cooperation. If you have any questions, please contact me at (305) 219-5252.

Sincerely,

  
Elisa Alvarez  
President

Enclosures

\$150 - annual fee  
\$5 - Campaign financing donation