2005 FOR PROFIT CORPORATION REINSTATEMENT.

FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # P01000091211 1. Entity Name ADVANCED PROFESSIONAL ROOFING, INC.				
Principal Plac	a of Rusinese	Mailing Address		IALLATAGOEE, FLURIUM
Principal Place of Business 9136 UNICORN AVENUE PORT RICHEY, FL 34668		9136 UNICORN AVENUE PORT RICHEY, FL 34668) (BENTABEL (I) BENTAL (CENTABEN) (BENTABEN BENTAL (BENTAL (1886) (1886) (1886) (1886)
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302005 REIN-P CR2E098 (6/04)
City & State		City & State		4. FEI Number Applied For 59-3743338 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	N	7. Name and Address of New Registered Agent
MELADY, MICHELLE 9136 UNICORN AVENUE PORT RICHEY, FL 34668			Name	
				s (P.O. Box Number is Not Acceptable)
			City	MO A I CIVILIA 94-00
PL				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Michael Mula oby Wice Press dent 4/4/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithm regulated when reinstating) DATE				
(NA LE I INSTITUTO A MARTI REPORTED IN THE PROPERTY OF THE PRO				
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELADY, KEITH J 9136 UNICORN AVENUE PORT RICHEY, FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700051195017 04/19/0501021005 **308.75
TITLE	D MELADY, MICHELLE J	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	9136 UNICORN AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
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NAME CTREET ADDROCCO			NAME STREET ARRESCO	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

G OF GER OR DIRECTOR

SIGNATURE: