


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P01000099233**

1. Entity Name  
EL COLORADO ROOFING, INC.



**FILED**  
05 FEB 14 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6872 VENETAIN DR  
LAKE WORTH, FL 33462

Mailing Address  
6872 VENETAIN DR  
LAKE WORTH, FL 33462



2. Principal Place of Business  
3000 N. UNIVERSITY DR  
Suite, Apt. #, etc.  
STE E

3. Mailing Address  
3000 N. UNIVERSITY DR  
Suite, Apt. #, etc.  
STE E

02092005 REIN-P CR2E098 (8/04)

City & State  
CORAL SPRINGS, FL

City & State  
CORAL SPRINGS, FL

Zip  
33065

Country  
USA

Zip  
33065

Country  
USA

4. FEI Number  
65-1145678

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ANGEL, JUAN D  
6872 VENETIAN DR  
LAKE WORTH, FL 33462

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
3000 N. UNIVERSITY DR  
STE E  
City  
CORAL SPRINGS FL Zip Code  
33065

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 X Juan de Dios Angel 2/9/05

Signature of individual or officer of registered agent, if applicable (NOTE: Signature required when reinstating)

**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		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	ANGEL, JUAN D	
STREET ADDRESS	6872 VENETAIN DR	
CITY- ST- ZIP	LAKE WORTH, FL 33462	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME	3000 N. UNIVERSITY DR STE E		
STREET ADDRESS	CORAL SPRINGS, FL 33065		
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
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.

SIGNATURE X Juan de Dios Angel 2/9/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/9/05*