

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000115701

FILED
Apr 15, 2008
Secretary of State

Entity Name: RECOMMENDED ROOFING, INC.

Current Principal Place of Business:

8142 ROYAL HART DRIVE
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

5408 ST JAMES DRIVE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

8142 ROYAL HART DRIVE
NEW PORT RICHEY, FL 34653 US

FEI Number: 59-3760653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREW, KELLY L
5408 ST JAMES DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE: KELLY L DREW

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEPTURN, CARY D
Address: 2144 CYPRESS COVE COURT
City-St-Zip: INVERNESS, FL 34450 US

Title: S () Delete
Name: NEPTUNE, CARY D
Address: 2144 CYPRESS COVE COURT
City-St-Zip: INVERNESS, FL 34450 US

Title: T () Delete
Name: NEPTUNE, CARY D
Address: 2144 CYPRESS COVE COURT
City-St-Zip: INVERNESS, FL 34450 US

Title: D () Delete
Name: NEPTUNE, CARY D
Address: 2144 CYPRESS COVE COURT
City-St-Zip: INVERNESS, FL 34450 US

Title: VP () Delete
Name: WELLINGER, FRANK
Address: 8142 ROYAL HART DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VP () Delete
Name: WELLINGER, MATTHEW
Address: 7265 BROADMOOR DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK J WELLINGER

VP

04/15/2008

Electronic Signature of Signing Officer or Director

Date