2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P02000051755

Entity Name: BLUE CHIP ROOFING, INC.

Current Principal Place of Business:

1930 NW 18 STREET
BAY # 15
POMPANO BEACH, FL 33069

New Principal Place of Business:

1901 NW 9 STREET
POMPANO BEACH, FL 33069

Current Mailing Address:

1930 NW 18 STREET
BAY # 15
POMPANO BEACH, FL 33069

New Mailing Address:

1901 NW 9 STREET
POMPANO BEACH, FL 33069

FEI Number: 01-0721859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, BERTA M
9550 NW 77TH AVE
SUITE 3
HIALEAH GARDENS, FL 33016 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: BERTA M SANDERS CPA
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 (X) Delete
Name: TORIBIO, OLGA
Address: 1930 NW 18 STREET, BAY # 15
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP ( ) Delete
Name: TORIBIO, INOCENTE
Address: 1930 NW 18 STREET, BAY # 15
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: TORIBIO, INOCENTE
Address: 1901 NW 9 STREET
City-St-Zip: POMPANO BEACH, FL 33069

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: INOCENTE TORIBIO P 04/08/2009
Electronic Signature of Signing Officer or Director — Date